1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIEN REG. NO						
1. DECEDENT'S NAME (First, Middle, Las	5 Tewar	COB STEWART	, III	2. DATE OF DEATH DO THE DOTTH DO THE DOTTH	7-91	3. TIME OF DEATH  10:55 A M				
4. SOCIAL SECURITY NUMBER 214-52-5123	5. SEX 8. AGE	(In yrs. lest birthdey) # U 7 YRS. MONT		7. OATE OF BIRTN (Month, Day, Year) 3 - 13 - 4	19 Wa	IRTHPLACE (State or Foreign ountry) ash. DC				
PRINCE GEORGE RESIDENCE OF DECEDENT	e street and nymber) ES HOSPITAL		CHEVER	LY	PRIN					
106. STATE 106. COUP Maryland Princ	ce George's		vn or location sville			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
5602 Monroe Str	eet		20784			ed States				
11. MARITAL STATUS 1 Sever Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puarto Rican, atc.)		RACE American Indian, Black, White, atc. Specify: BUCASIAN				
15. OECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)			one during most of working ed.)	16b. KIND OF BU						
12th		Computer			y Store	es				
17. FATNER'S NAME (First, Middle, Last) Edward J. Stewa:	rt, Jr.	1	Cora A.	AME (First, Middle, Maiden C'L'IFT	ON					
19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rura							
Cora A. Stewart	20		N (Name of cometery, crematory or		CATION CITY					
20a. METHOD OF DISCOSTRION 1 Denation 2 Comments 3 Re	smovel from Stars	milwer n/encel	n Crematory			a, Virginia				
SHERICHATURE AN AUMERAL SHIVICE	July Swf	non	22. NAME AND ADDRESS OF FRANCIS GASCH 4739 BALT. AV							
23. PART I. Enter the diseases, of shapk, or heart failur IMMEDIATE CAUSE (Fined disease or condition resulting in death)	a. HEPATO	RENAL	SYNDRO	ME		Interval Batwee Onset and Deal				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. ALCOHOLIC LIVER DISEASE ALCOHOLIC HEPATITIS  OUE TO (OR AS A CONSEQUENCE OF):  CHRONIC ALCOHOL (SM  DUE TO (OR AS A CONSEQUENCE OF):  d.										
PART II. Other algoriticant conditions of the CASTROINTESTINAL WITH BLEEDING	L HEMORRHA	GE, ESOPHA	GEAL VARICE	DEDEC	RMED3	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (	Check only one)						
1 YES 2 NO	HOSPITAL: 1 // Inpetient 2 // ER/Out		HER: Nursing Nome 5 - Residence	6 Other (Specify)						
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO				
1 Naturat 5 Pending 2 Accident Investigation			M 1 YES 2 NO	1						
3 Suicide 6 Could not 4 Homicide detarmined	building, etc. (Sp.	Y — At home, farm, street	, factory, offica	261. LOCATION (Street City or Town, State		Bural Route Number,				
conductionly	IYSICIAN: To the best of my known in the basis of examination					ause(a) and menner as stated.				
296. SIGNATURE AND TITLE OF CONTI	· Mercele &	47	29c. LICENSE N			GNED (Month, Day, Year) 18 - 91				
NAPOLEON C.	MARGE LO.	MO 9801	GREENBELT	RO #212	LANHA	M, MO 20701				
31. GATE FILED (MONTO DEV. YOUR)	Julia Davidson	NATURE andoll								

8

	1. DECEDENT'S NAME (First, Middle, Lest)  R. Hal. SILVERS.  2. DATE OF DEATH MONTH DAY 7 15 1991											
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 Y	AR IF U	NDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
1)	112-05-6969-A	1 2 M 2 D F	72	YRS.		WS HOU	RS MIN.	(Month, Day, Year) 02/22/1	9	Oue		
	9a. FACILITY NAME (If not Institution, give	e street and number)		_	96. CITY, TO	WN OR LO	CATION OF D			INTY OF D		
E.	Washington Adve	ntist Hos	nital		Та	koma	Park		Mo	ntgo	merv	
DIRECTOR	RESIDENCE OF DECEDENT		picai				IGIK		1 110	педо		
H	10a, STATE 10b. COUP			10c, Cl	TY, TOWN OR I	OCATION					10d, INSIDE CITY LIMITS?	
		nce Georg	e's	Gr	eenbe1						NES 2 NO	
FUNERAL	10e. STREET AND NUMBER					101. ZIP (	CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
i i	11 Pinecrest Co	urt	_				770			S.A.		
5	11. MARITAL STATUS	12. WAS DECEDE FORCES?	NT EVER IN U.S. AF 1 YES 2 WAR OR DATES	RMED NO				NNIC ORIGIN? (Specify Ye can, Puarto Ricen, atc.)	s or No—		E American Indian, ik, Whita, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	1942-			1 [	YES 2X	NO Spec	ffy:		Spec	White	
ED E	15. DECEDENT'S E			CEDENT	S USUAL OCCU	DATION		16b. KIND OF BU	SINESS/IN	OUSTRY		
ETE	(Specify only highest gre	ide completed)	(0	live kind of	work done duri	ng most of w	rorking	Tou. KIND OF BU	OHIE DO / IN	003111		
PLE	Elementary/Secondary (0-12) 12th	College (1-4 or 5		irec	tor of	OEP		U. S.	Gov	ernm	ent	
COMPL	17. FATHER'S NAME (First, Middle, Last)	yes yis	5.:   2	, II CC			MOTHER'S N	AME (First, Middle, Maider		O I IIII		
	Sauld	Silver	C				Syd		vai1	ahla		
BE	19a, INFORMANT'S NAME (Type/Print)	SIIVEL		b. MAILIN	G ADDRESS (S	treat and Nu		I Route Number, City or Tov				
5								Greenbelt,			0	
	Dial G. Silvers				TE OF DISPOS						own, State	
	1 Donation 5 Other (Specify)	emoval from State	of cemetary	v. cremator	ry or other plac	Cem	eterv				m, Md.	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/ 114.	Deac					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Gasch's Funeral Home, 4739 Balt:  Hyartsville, Md. 20781  23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest,											
CERTIFICATION	shock, or heart failure immediate cause. Enter UnDERLYING CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE T	Ma	QUENCE O	nc	ola	~ 4	MUL			interval Batwo	
MEDICAL	PART II. Other significant condit	wir-	to deeth but not	regulativis				PERFO	RMED?	24	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:			e 8 Other (Specify)				
ву РН	27. MANNED OF DEATH  1 Natural 5 Pending Investigation Investigation		OF INJURY Day, Year)	28b. T	NJURY	WORK?		28d. DEŞCRIBE HOW	INJURY O	CCURED		
0	3 Suicide 8 Gould not be 8 Gould not be								t and Numb e)	er or Rural	Route Number,	
COMPLETE	onel					/		ue to the cause(a) and m				
D BE COM	2 MEDICAL EXAM	IINER: On the back of	domination and/o	r Investiga	tion, in my opi	nigh, death	occured at ti	he time, data and place, a	and due to	the cause	(a) and manner as states	
H	200 SIGNATURE AND TITLE OF CHATT	NET /	MA	M	afr	290	LICENSE N	G G	29d. D/	ATE SIGNE	D (Month, Dey, Year)	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	AUSE OF DEATH (IT	EM 27) (Ty	pe, Print)		1			. (		
	31 DATE FILED (North Day, Year)	Sala 32 REGIST	HAR'S SUCHALURE	-								



			1 - STATE REGISTRAR	STATE OF MARY			CATE				SIENE S. NO.		_ 1 0 0 0
•			1. DECEDENT S NAME (First, Middle, Li	Blanche	. 1	7.	Spi	nce	2	2. DATE OF DEA		9 Ag (	TIME OF DEATH
	(,P	)	4. SOCIAL SECURITY NUMBER 067-12-1813	1 □ M 2 □XF	iE (In yrs. last i 78		MONTHS D	EAR IF UN	IS MIN.	7. DATE OF BIRTY (Month, Day, M	13	e. BIRTNPLA Country) PA	CE (State or Foreign
	. 23%	TOR	99. FACILITY NAME (If not institution, given the same of the control of the contr	lursing Home			Ph. CITY, TO		ATION OF DE	ATN		rince	George
	Pages	DIREC	10e. STATE 10b. COL				town on						1. INSIDE CITY LIMITS? YES 2 X XNO
	nsit permit.	FUNERAL	10e. STREET AND NUMBER 2305 Seibel Driv					101. ZIP C	OOE			IZEN OF WHA	
¥	203-3146 r attending physician. use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Wearried 3 Widowed 4 Diverced	12. WAS DECEDENT TVE FORCES? 1 Y Y	R IN U.S. ARM ES 2 NO R OATES	ED )	13. WA.	DECENDEN De, specify C	IT OF NISPAN uban, Mexice Specify	IIC ORIGIN? (Spec n, Puerto Ricen, e ::	ify Yea or No— tc.)	14. RACE — Bleck, W Specify:	American Indian, hite, atc.
	Spital o	COMPLETED	15. DECEDENT'S (Specify only highest g  Elementary/Secondary (0-12)		(Giv	e kind of w Do NOT us	USUAL OCCI rork done duri e retired.)	IPATION ng most of w	orking		of Business/ini	DUSTRY	
	MARYLANE retained by the ho 5 should be detact notified at once.	BE CON	17. FATNER'S NAME (First, Middle, Last) George #lason						Thek	ME <i>(First, Middle, M</i> la Brist	tol		
		2	John ! Spencer		23	05 S	eibel	Driv	e Sil	ver Spr	ing, liD	2090	
	BALTIMORE, n er death. Page 6 may be the funeral director, page ral.		20e. METNOD OF DISPOSITION  1 Burlel 2 L. Cremetion 3 4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE		Baltin	F DISPOS	∦ashi	ngton	Crematory or Crema	atory	Laurel	, Hary	land
	BALTII after death. F yy the funeral moval. ical examin		1/1/1	eeduland	eg		760	1 San	dy Sp	ring Rd	. Laure	1, lary	e, Inc. land 20707
	within a Jurs at mpletely filled in by cremation, or remy vent, the medic.		23. PART I. Enter the disease, shock, pr heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due To (OR A	ebra	l	inf	a mode of	dying, suci	h es cardiec or	respiratory ar	Teat,	Approximete interval Between Onset and Daath
	O. BOX 13146, certificate be executed within ding physician and completely tygiene prior to burlal, crema rygiene traumatic event,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	. 1/.=								
	RDS, P.O. I that the death certificate of by the attending part of the and Mental Hygien iny Injury. or other		PART ii. Other significent cond	dtlong contributing to deet	h hut not so	euitle i	a the made	abda a sau	as aluas la	Book I accord			
		MEDICAL	Coxaes	twe bleast	Fau			arrying caus	se given in	P	MAS AN AUTOPSY ERFORMED? YES 2 NO	AM CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DIMPLETION DF CAUSE DEATH?  YES 2 NO
	AL F he law has b Dept.	PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICA	L	alr	ya	ret	26. PLACE C	OF DEATH (Ch	eck only one)			
	SICIAN: The certificate has the State D	IYSIC	EXAMINER?  1 YES 2 NO	HOSPITAL:						6 Other (Speci			
	ISION OF VITATENDING PHYSICIAN: ECTOR: After this certificals after death with the Size 128 is marked, or it	ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigat				URY M	ic. INJURY A WORK? 1 YES		WH	NOW INJURY O		
	DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 6 Could not determine		Specify)	ne, farm, s	street, factor	, office		City or Town	(Street end Numbe , State)	ir or Rural Rout	e Number,
f	로 정인 =	COMPLET	anal .	HYSICIAN: To the best of my ki									nd manner as stated,
1	TO THE FUNER TO THE FUNER be filed within	TO BE (	29b. SIGNATURE AND THE OF CERT	alin	11			29c.	DZY	997	29d. OA	7/17.0	onth, Day, Year)
_			30. NAME AND ADDRESS OF PERSON  LUIS A- C		P317	CHO.	Print)	LA.	MAIN	nor in	9 200	7-07	
1			JUL 1 9 '91	32. REGISTRAR'S S Julia Davidson-								G.	

DHMH-16 Rev 1/89

The second		F	)	1
		, 2, sh		
) peril	\$600	Perpes 1	洋	1
BALTIMORE, MARYLAND 21203-3146	Jurs after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the bunial-transit permit.	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a within a feet death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	SAMUEL 2	ZIEGLER	SAL		1	2. DATE OF DEATH MONTH DA	W e	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	el So		rr	Y		7-9-	91		7.70 pm
	CONTRACTOR CONTRACTOR		6. AGE (In yrs. last	vrs.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	
		1 X M 2 □ F	77	THS.			10-19-191			ouri
70 R	98. FACILITY NAME (If not institution, give structured Memory RESIDENCE OF DECEDENT	4.4	pital		D.	dale.	EATH		ce G	eorge's
purector	10e. STATE 10b. COUNTY				Y, TOWN OR LOCA				$\overline{}$	10d. INSIDE CITY LIMITS?
		e George'	S	Mı	Raini					1 X YES 2   NO
FUNERAL	100. STREET AND NUMBER 3508 Perry Stree	t			10	20712				tates
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED		ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes			— American Indian,
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA Yes, V		10		S 2 NO Specify	n, Puerto Ricen, etc.) y:		Speci	
	15. DECEDENT'S EDUC	ATION	16a. DE		USUAL OCCUPATI	ON	16b, KINO OF BU	_	-	astall
	(Specify only highest grade of Elementery/Secondery (0-12)	completed) College (1-4 or 5+)	Ma	Do NOT u	work done during me se retired.)	ost of working		ACCES III		
COMPLETED	12th	2 yrs	s. purc	has	ing agen	· ·			an S	Sanitary Com
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden			
BE	Samuel J. Salsbe	rry					R. Zeigle			
5	190. INFORMANT'S NAME (Type/Print)  Clara Salsberry						Aoute Number, City or Tow t. Rainier			nd 20712
	20 METHOD OF DISCOUTION	and from Passe.	The second second	OF DISPO		metery, crematory or		CATION		
	4 🗆 Donation 👂 🗆 Other (Spegfy)	AA	Mary1	and	State Ve	eterans (	Cemetery (	Chelt	enha	m, Md.
	The grant unally Fuhieral Service Life		las		FRANC		S SONS FUI			
	23. PART & Enter the diseases, oak	omplications that	caused the de	ath. Do						Approximate Approximate
	ahock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition	list only one caus	se on each iine			-17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		2.00		interval Between Onset and Death
	resulting in deeth)	DUE TO (	OR AS A CONSEC	DUENCE (	OF):	asory	Failure t.			
NO	Sequentially list conditiona,	DUE TO (	OR AS A CONSE	WENCE C	ne (1	e) foo	t.			-
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING		Dixon	de	me	00 h.				ļ
E	CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSE	DUENCE (	PF):	) v ac	)			
F	resulting in deeth) LAST	i								
	PART II. Other significant conditions	a contribution to	dooth but out o		In the contestate		Part les mon		Lin	HIERON SHIPMAN
ICAL	PART II. Other significant conditions	s contributing to	death but not i	resulting	in the underlying	ig cause givan in	Part I. 24a. WAS AF PERFO	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI								X		DF DEATH? 1  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					LACE OF DEATH (C)	heck only ane)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpetlent 3	DOA	OTHER: 4 Nursing Ho	me 6 🗆 Reeldence	6 Other (Specify)			
PHY	27. MANNER OF DEATH	26e. DATE OF (Month, Da	INJURY	28b. TI	ME OF 28c. IN	JURY AT ORK?	26d. DESCRIBE HOW	INJURY OC	CURED	
BY	Natural 5 Pending 2 Accident Investigation					YES 2 NO				
ED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm.	street, factory, offi	ce	261. LOCATION (Street City or Town, State		r or Rural	Route Number,
	290. CERTIFIER									
COMPLET	(Check only one) 2 MEDICAL EXAMINE									e) and manner se stated.
E CC	29b. SIONATURE AND TITLE OF CERTIFIER	7	0	_		29c, LICENSE NU	IMBER	29d. DAT	E SIONE	O (Month, Day, Year)
0	Suesas	COR.			1			<b>•</b>	7.	9.91
2	30. NAME AND ADDRESS OF PERSON WHO	Perry	SE OF OEATH (ITE	M 27) (Typ	4. R	unie	, Ma	2 2	207	12
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	מל	1.00					

BALTIMORE, MARYLAND 21203-31	uires that the death certificate be executed within 2 - Jus after death. Page 6 may be retained by the hospital or attending	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Heath and Mental Hygiene prior to burial, cremation, or removal.	
BALTIMORE	Surs after death. Page 6 ma	led in by the funeral director, p., or removal.	
30X 13146,	ate be executed within 2	ysician and completely fil prior to burial, cremation	
CORDS, P.O. BOX 13146,	ires that the death certifical	signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal.	

	-	REGISTRAR	Idle, Last)	Helen	Irene	CERTIF	Silk	OI-	J L.AI	2.	REG. N	DAY	YEAR 3	TIME OF DEATH
*	1	. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In )	rrs. lest birthday)	IF UNDER 1	YEAR	IF UNDER 2	4 HRS. 7.	DATE OF BIRTH	2	8. BIRTHPL	ACE (State or Foreign
) (	1	577-03-0300		1 🗆 M 2 💢 🗐	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	16	Virg:	inia
V	1	e. FACILITY NAME (If not institu	tion, give st	reet and number)			9b. CITY, 1	OWN O	R LOCATIO	N OF DEATH		9c. COUN	TY OF DEA	ГН
CTOR	1	Deaton Hospi		& Medical	L Cent	ter	Bal	tim	ore			]	Balti	more
	w <sup>3</sup>	RESIDENCE OF DECED 10e. STATE 10	L COUNTY			10c. CI1	Y, TOWN OR	LOCAT	ION				11	Id. INSIDE CITY
TH	1	Maryland	Princ	ce George	e's	Te	mple	Hil	ls.				1	LIMITS?
A A	1	Oe. STREET AND NUMBER						101.	. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	L		emple	e Hill F		_			20	748		1	U.S.	A.
BY FUI		I1. MARITAL STATUS    Never Married 2 Mee   Widowed 4 Divorced		12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES	2 X 140	lf:	yes, spe	ENDENT OF ecity Cuben 2 NO	, Mexican, P	PRIGIN? (Specify \ uerto Ricen, etc.)	res or No—	14. RACE — Black, V Specify: Cauca:	American Indian, Vhite, atc.
ETED		15. DECEDE (Specify only hig			_10	Se. DECEDENT'S	USUAL OCC	CUPATIO	ON of working		18b. KIND OF E	USINESS/IND		ardil
		Elementery/Secondary (0-12)	riost grado	College (1-4 or 5 + N/A	-)	ille. Do NOT u	se retired.)	ring mo	at or working					
COMPL	L	8th		N/A		Homem	aker					me		
		7. FATHER'S NAME (First, Middle							16. MOTH		First, Middle, Mald			
		Willaim Sta				19b. MAILING	ADDRESS	Street e	and Number		Orence Number, City or 1		(Code)	
TO BE		Timothy E. S									-			s Md 2074
e pe		99 METHOD OF DISPOSITION			20b. P	LACE OF DISPO						LOCATION		
Ē	Ŀ	I ☐ Donetion 5 ☐ Other (Sp	ecify)		Mai	ryland								Maryland
examiner must be	1	H. SIGNATURE OF PUNERAL S	ERVICE LIC	ENSEE O	/						r Lee F			
medical exa		1/1/1	DA	Man	he		66	33	Old F	Llexar	ider Fer	ry Rd	Clin	ton, Md 2
ry, or other traumatic event, the CERTIFICATION		Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	le	DUE TO	(OR AS A O	ONSEQUENCE C	tes mi	(A	Zeil	in P	asuli	- Dri	low	yen
SICAL	PART II. Other aignificant conditions contributing to death but   Output  Discourse  Dis						in the unc	leriyin	g causa g	iven in Par	PERF	AN AUTOPSY ORMED?	6	ERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
		25. WAS CASE REFERRED TO N	EDICAL					26. PI	LACE OF DE	ATH (Check	only one)			
	111			HOSPITAL:		l==4 0 □ DO4	OTHER	:	-05	eldence 8	Other (Specify)			
		EXAMINER?		1 Inpatient 2	J ER/Outpati	Hemi 3 L DOA	4 - Nursi		ne 5 🗀 He					
YSICIAN		1 YES 2 NO 27. MANNER OF DEATH		1 Inpatient 2 28e. DATE OF	INJURY	28b, TII	_	ing Hom 28c. INJ	JURY AT		d. DESCRIBE HO	W INJURY OC	CURED	
YSICIAN		1  YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Per	nding satigation	1 Inpatient 2	INJURY	28b, TII	ME OF	ing Hom 28c. INJ WC		28	d. DESCRIBE HO	W INJURY OC	CURED	
ED BY PHYSICIAN:		1		28e. PLACE O	INJURY Pay, Year)	28b. Til	ME OF JURY M	28c. INJ WC	JURY AT ORK? YES 2	] NO	d. DESCRIBE HOW  1. LOCATION (Streetly or Town, Str	et end Numbe		ite Number,
LETED BY PHYSICIAN:		27. MANNEB-OF DEATH  1 Netural 5 Per 2 Accident 3 Suicide 8 Code 4 Homicide det  290. CERTIFIER (Check only	atigation aid not be armined	28e. PLACE 0 building,	INJURY Pay, Year)  OF INJURY — atc. (Specify  my knowled	At home, farm,	ME OF JURY M street, facto	ing Hom 28c. INJ WC 1 ry, offic me, date	JURY AT DRK? YES 2 :	NO 28	f. LOCATION (Stre City or Town, Str	et end Numbe ate) menner as sta	r or Rural Roo	
tem 28 is marked, or item 23 si LETED BY PHYSICIAN:		27. MANNEB-OF DEATH  1 Netural 5 Per 2 Accident 3 Suicide 8 Code 4 Homicide det  290. CERTIFIER (Check only	uld not be ermined ING PHYSI	28e. DATE OF (Month), D  28e. PLACE Of building,  CIAN: To the best of e	INJURY Pay, Year)  OF INJURY — atc. (Specify  my knowled	At home, farm,	ME OF JURY M street, facto	ing Hom 28c. INJ WC 1 ry, offic me, date	JURY AT DRIK? YES 2 :	NO 28	I. LOCATION (Streetly or Town, Streetly	net end Number ate) menner as sta , end due to ti	r or Rural Roo ted. he cause(s)	rie Number, and menner ee steted. Aonth, Dey, Year)
ED BY PHYSICIAN:		27. MANNER-OF DEATH  1 Netural 5 Per 2 Accident Inv 3 Suicide 8 Cou 4 Homicide det  29e. CERTIFIER (Check only one) 2 MEDICA	uid not be primined	28e. DATE OF (Month, D) 28e. PLACE Of building, CCIAN: To the best of e	FINJURY Play, Year)  OF INJURY — atc. (Specify  I my knowled exemination of	28b. Till Ih	ME OF JURY M street, facto red at the tir ion, in my op	ing Hom 28c. INJ WC 1 ry, offic me, date	JURY AT DRIK? YES 2 :	NO 28 end due to ed at the tim	I. LOCATION (Streetly or Town, Streetly	net end Number ate) menner as sta , end due to ti	r or Rural Roo ted. he cause(s)	and menner ee stated

215-0020

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First			_					2. DATE OF DEATH MONTH DAY YEA				3. TIME OF DEATH
	ilbert	Loree		albot				Jul	Ly /, 1	991		6:30 P.
4. social security numi 225-09-9436	BER	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(M	onth, Day, Year)	1913	Count	PLACE (State or Foreign y) Vland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATION OF D		,		NTY OF D	
Doctors Co	ommuni	ty Hospi	tal		L	anha	am			Pri	nce	George's
10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY LIMITS?
		ce Georg	e's	Fo	rt Wa	ashi	ngton					TXX YES 2 □ NO
10e. STREET AND NUMBER						10	H. ZIP CODE					WHAT COUNTRY?
7401 Lanhai	m Lane					_	20744				.S.A	
11. MARITAL STATUS  1 Never Married 2		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. I X YES 2 [ WAR OR DATES	ARMED NO	100	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Speci	en, Pue	IGIN? (Specify Year no Rican, atc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.
3 Widowed 4 Dive		MMTT			1							"White
	EDENT'S EDU ly highest grade			DECEDENT'S (Give kind of a life. Do NOT us	work done	CCUPATI during m	ION ost of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5	+)	outem					Thompso	n's	Dair	у
17. FATHER'S NAME (First, A							1		rst, Middle, Malden	Sumame)		
John Willia		bott					Almir	ra	Davis			
Evelyn L.		t					and Number or Aural La. For					20744
20a. METHOD OF DISPOSIT				CE AND DAT	E OF DISP	OSITIO	N (Name				_	own, Steta
1 ☑ Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	_ of cemeta Mt.	Olive	et Ce	emet	ery 7/	10/	91 Fre	deri	ck.	Maryland
21. SIGNATURE OF FUNERA	AL SERVICE L	DENGER ) /			22.	NAME A	ND ADDRESS OF F					-11-11-11-11
· seve	all	Hale	N				rge P. K O Oxon H					Maryland
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury					A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:					-	
PART II. Other algnific	ant condition	na contributino te	death but no	t resulting	in the m	nderiule	a cause alven le	n Dant	I. 24a, WAS AN	ALITYODOV	Law	b. WERE AUTOPSY FINDING
							ng cadoo given ii		PERFOI 1 TYES 2	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED	ID MEDICA:						V 405 0= =====	N - 1	1			
EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	R:	PLACE OF DEATH (C					
1 TYES 2 NO		1 M Inpatient 2	☐ ER/Outpetlent	3 DOA			me 5 Residence	_	Other (Specify) DESCRIBE HOW	MILION O	Clinto	
A-6	Pending Investigation	(Month,	Day, Year)	IN	JURY	W	YES 2 NO	200.	DESCRIBE NOW	NOONT O	JOUNED	
3 Suicide 6 4 Homicide	Could not be determined	26a. PLACE building	OF INJURY — At I, etc. (Specify)	home, farm,	street, fac	tory, off	ca	281.	LOCATION (Street City or Town, State	and Numbe	er or Flural	Route Number,
		ICIAN: To the best of										s) and menner as stated
29b. SIGNATURE AND TITL	E OF CENTIFIE	1	/.	-			29c. LICENSE N	UMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
Xe	Con	20	urin	-			D07944			▶ J₁	ulv 8	3, 1991
Seth H.  31. DATE FILED (Month, Day	Lourie	e, M.D.	7500	Hanove		irkw	ay, #102	, G	reenbel			
. 10	91	Lulia D	WINDS	andell								

TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, if filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR CERTIFICATE OF DEATH	REG. NO.	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEATH	. STATE REGISTRAR	**
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1 - STATE REGISTRAR		SIAIE UF I	MAKYL				DEATH	MENIA	REG. N				
1. DECEDENT'S NAME (First	, Middle, Last)		_	OLITTI.	10/	12 01	DEATH	2. DATE	OF DEATH			3. TIME OF DEA	NTH .
GLADYS			VIRG	SINIA		TU	CKER	MONTH 7		7 PAY	9 1	4:45	рм
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (	In yrs. last birthday	) IF UN	DER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			PLACE (State or I	
578-24-352	0	1   M 2   F		66 YRS.	MONTH	S DAYS	HOURS MIN.		18 1		Count	w ington.	DCC
9a. FACILITY NAME (If not in		treet and number)			9b. C	ITY, TOWN	OR LOCATION OF D		10,		OUNTY OF C		DO
ROUTE #5		NDRIA/FE	RRY F	ROAD		Cli	nton			I	PRINC	E GEORGI	ES
10a. STATE	10b. COUNT	Y		10c. C	TY, TOW	N OR LOCA	TION					10d. INSIDE CIT	Υ
Maryland	Princ	e George	s	Nev	√ Ca	rro1t	on					1 YES 2	NO
10e. STREET AND NUMBER						10	. ZIP CODE			10g. C	ITIZEN OF	WHAT COUNTRY?	
6509 Lamo	nt Dri	ve					20784			4	U.S.	Α.	
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ABMED			ENDENT OF HISPA				14 BAC	E — American Inc k, Whita, etc.	ilan,
1 Never Married 2 3 Widowed 4 Dive		IF YES, GIVE	MAR OR DA	ATES			ecify Cuben, Maxic 2 TNO Speci		Rican, etc.)		Spec		
	EDENT'S EDU			16a. DECEDENT	S USUA	L OCCUPATI	ON	16b	KIND OF	BUSINESS/	INDUSTRY		
Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5	+)	life. Do NOT	use retire	id.)	ost of working						
9				Bookkee	eper	<u> </u>		(	G.C.	Murp	hy		
17. FATHER'S NAME (First, N	fiddle, Last)						16. MOTHER'S N.	AME (First, I	Middle, Mald	den Sumeme	)		
Elmer J. T	horne						Grace	Lee	Mothe	ershe	ad		
19a, INFORMANT'S NAME (							and Number or Rural	Route Num	ber, City or	Town, State,	Zip Code)		
Carol L. 1	May_			6509	Lam	ont D	r.,New (	Carro	lton,	Mary	land	20784	
20e-METHOO OF DISPOSIT				b. PLACE ANO OA			l (Name	OAT	E 20c.	LOCATION	— City or To	own, State	
4 Donation 6 Other	on 3 ⊔ Hem r(Spec#y)	loval from State		cemetary, cremato ort line			terv 7-	12-9	1   1	Bront	boor.	Marvlan	d
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	1			22 NAME A	ND ADDRESS OF F	Lanh	am Fi	mera	1 Hom	0	
12/1	./	0	Dan.				Annapol						0706
23. PART I. Enter the d	N/I	INV BIV	(7)	d Abo doodb Do						_		Approxi	
IMMEDIATE CAUSE (Findsesse or condition resulting in death)  Sequentially list condition any, leading to immercause. Enter UNDERLY	tions,	a. UUUT DUE TO	OR AS A	A CONSEQUENCE	OF):	4)			\.			Onset a	nd Death
CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	ury	DUE TO	OR AS A	A CONSEQUENCE	OF):		, , , , , , , , , , , , , , , , , , ,						
PART II. Other signific	ant condition		double b		- 1- 45					(	1		PARTIES C
TAN II. Other agmine	ant condition	contributing to	, death L	of not read the	g the	- underlyii	ig cause given in		PER	FORMED?	24	b. WERE AUTOPSY AWAILABLE PRIC COMPLETION OF OF DEATH?  1 YES 2	F CAUSE
***													,
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OT	26, P	LACE OF DEATH (C	heck only o	ne)				
1 X YES 2 NO		1   Inputient 2			4 🗆	Nursing Ho	ne 6 🗆 Rasidenca						
27. MANNER OF DEATH	Bandtor	26a. DATE O (Month,	F INJURY Day, Ybar)	26b. T	IME OF NJURY	_ w	JURY AT ORK?	28d. DE	SCRIBE HO	W INJURY	OCCURED		
1 Natural 6 2 Accident	Pending Investigation	7-7-9		3.5	5		YES 2 NO					IMPACT	
Suicide 6 -	Could not be detarmined	26a. PLACE building	, etc. (Spe	( — At home, farm c/fy) REET	n, street,	factory, offi	CA					Route Number, FERRY R	OAD
(Orloan only		SICIAN: To the best of						a to the ca	use(a) and	manner aa	atated.		
296. SIGNATURE AND TITL	: One	There					O.C.M.			29d, 1	7-8-	D (Month, Day, Yea 9 1	r)
A A . A	F PERSON WI	b-lors	USE OF DE				EET BALT	IMORI	E MAF	RYLAN	D 212	01	
JUL 1 2 9	(, 16ar)	gulia: 150518	Mara end	MUNEUR									
										_			

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BALTIMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director,		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
ALI	death	fune		вхаш
m	after	by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ical
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Œ	aw n	s pe	ept.	23 8
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	He H	ite ha	ate D	em.
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BE COMPL

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31. DATE FILED (Month, Day, Year)

JUL 18 91

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

W	Mary 1	18	RESIDENCE OF DECE	DENT	HOSPITAL.			ANHAN	1	_
		ECT		Ob. COUNTY			10c. CITY, TO	WN OR LOCA	ATION	
	<u>~</u>	DIR	Maryland	Princ	e George's	5	Green	belt		
	permi	AL.	10e. BTREET AND NUMBER					-10	Df. ZIP CODE	
	n. Insit	띪	5805 Cherry	Wood	Lane				20770	
21203-3146	by the hospital or attending physician.  be detached for use as the burial-transit permit. Pag  at once.	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorce	arried	12. WAS DECEDENT EX FORCES? 1 I	YES 2 V	RMED NO	If yes, s	CENDENT OF HISP pecify Cuban, Mexi- S 2 X NO Spec	lcan, I
03	attend se as	ETED	15. DECED (Specify only h	ENT'S EDU	CATION completed)	16a. Di	ECEDENT'S USU	AL OCCUPAT	TON working	
	pital or att	PLEI	Elementary/Secondary (0-12		College (1-4 or 5+)		Do NOT use reti	red.)	out or working	
2	detache	COMPL	17. FATHER'S NAME (First, Midd	lie Lasti		1.	rader		16. MOTHER'S	MAME
MARYLAND	retained by the hospits 5 should be detached notified at once.		Kwame Twuma						Afua	
RY	ined nould	BE	19a. INFORMANT'S NAME (Type			19	b. MAILING ADD	RESS (Street	and Number or Rura	_
M	y be retained by age 5 should be be notified at	5	Vicki Ocloo	Gyeb	i		5805 Ch	erry	Wood Lan	ie.
ORE,			20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 4 Donation 5 Otto (S	3 KRem	oval from Stata		OF DISPOSITIO		emetery, crematory of	_
BALTIMORE,	By after of moval.		21. SIGNATURE OF FORESTAL S	SEPRICE LI	n of m	27		McGu	ire Fune Georgia	ra
RECORDS, P.O. BOX 13146, w requires that the death certificate be executed within ben signed by the attending physician and completely filted in ou. of Health and Mental Hygiene prior to burial, cremation, or 3 shows any injury, or other traumatic event, the me	PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant Cause. Example 10 june 125. WAS CASE REFERRED TO 125.	condition	b. Melig DUE TO (OR C. Pulm (OR d. Respi	AS A CONSE PAN I AS A CONSE PAN I AS A CONSE PAN I	OUENCE OF):  QUENCE OF):  QUENCE OF):  A C C C C C C C C C C C C C C C C C C	per enleile underlyle 1 e c	tension	n In Pe	
VITAL	SICIAN: The certificate h the State [ , or Item	SIC	EXAMINER?		HOSPITAL:	l/Outpatient		HER:	me 5 - Raeldenc	
P	NG PHYSICIAI fler this certifi sath with the marked, or	ву РНУ		nding restigation	26a, DATE OF INJ (Month, Day, 1)	URY	26b. TIME OF INJURY	28c, IN	JURY AT ORK? YES 2 NO	2
DIVISION	OR ATTENDING I DIRECTOR: After nours after death tem 28 Is mar	ЕТЕО В	3 Suicide 6 Co	ould not be termined	28s. PLACE OF IN building, ste.	JURY — Al h (Specify)	oma, farm, atreet	, factory, offi	ce	2
N	TAL OR AI VAL DIREC 72 hours If Item	MPLE	29a. CERTIFIER (Check only one) 1 CERTIF		ICIAN: To the best of my	knowledge, d	eath occurred at	The Ilme, dat	ts and place, and d	ue to

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

91 21008

REG. NO.

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF OEATH
Comfort	0du	oko	TWUN	IASI						19.1		TEAR	3:10 A M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. is		IF UNDER 1 Y		IF UNDER		7, DATE	Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
219-29-7032		1 🗆 M 2 🔀 F	69	YRS.	MONTHS D	AYS	HOURe	MIN.		1 20,	1922	Gha	**
9a. FACILITY NAME (If not in	stitution, give s	street end number)			96. CITY, TO	WN O	R LOCATIO	ON OF D	HTAS		9c. COU	NTY OF D	DEATH
DOCTORS CON	MINITY	HOSPITAL			LANH	AM					PR	INCE	GEORGE 'S
IOn. STATE	10b. COUNT			10c. CITY	, TOWN OR I	OCAT	ION						10d. INSIDE CITY
Maryland	Princ	e George	¹s	Gree	enbel:	E							LIMITS?
10e. BTREET AND NUMBER				1 020		_	. ZIP CODE	E .			10g. CIT	IZEN OF	WHAT COUNTRY?
5805 Cherry	booW	Lane				1 2	0770				Gha	122	
11. MARITAL STATUS		12. WAS DECEDE	T EVER IN U.S. A	RMED		DEC	ENDENT O	F HISPA		(Specify Ver		14. RACI	E — American Indian,
1 Never Married 2		IF YES, GIVE	YES 2 W	NO			cify Cuba 2 X NO		an, Puarto F lly:	Ican, etc.)		Spec	k, White, etc.
3 Widowed 4 N Divo			100										Black
(Specify onl	EDENT'S EDU y highest grade		(0	live kind of w	USUAL OCCU	IPATIO	ON at of workin	g	16b.	KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (6	0-12)	College (1-4 or 5	+)	Do NOT use	e reared.)								
17. FATHER'S NAME (First, M	Malaka 4 22		T	rader						ending	•		
Kwame Twum										liddle, Malden	Surname)		
19a. INFORMANT'S NAME (			- 4	h MAII ING	ADDRESS (C				Affi	- 01	0		
Vicki Oclo		าร์								er, City or Tow 03, G1			M4 20770
20a. METHOD OF DISPOSIT					ITION (Name				e, 1/J	_	CATION -		
1 Donation 5 Other	n 3 KRem	noval from Stata	other p	lace)	THOR (HEIM	01 0411	notery, Gron	iatory or			cra,		,
21. SIGNATURE OF SCHERA	-	CENSEE /					ID ADDRE						IId
V/400	9/10	9/60	<i>-</i>							ervice			
# "	,	-///	7		/40	)()	Geor	gia	Ave.	N.W.,	Was	hing	ton, D.C.
23. PART I. Enter the d shock, or h	eart failure.	List only one ca	et caused the duse on each lin	eath. Do n e.	ot anter th	a mo	de of dy	ng, au	ch aa card	lac or reap	retory ar	reat,	Approximate interval Batween
IMMEDIATE CAUSE (Fig disease or condition	nal	Exter	400	Tant	La.C	7000	10	. 0	4-		1	00	Onaat and Death
resulting in death)	$\rightarrow$	EXTE	13116	Ove	rac		eldr	a	1 600	mor	yno	3	•
			(OR AS A CONSE			1	en s	in					
Sequentially list condit	tions,	b. Meli	OR AS A CONSE	QUENCE OF	900	7 /	412	(O)	1				
If any, leading to imme cause. Enter UNDERLY	urata	Pulm											
CAUSE (Disease or Injuthat Initiated events	Jry	DUE TO	(OR AS A CONSE	OUENCE OF	): ()	1							<del>-</del>
resulting in death) LAS	T .	, Res	OF AS A CONSE	ru.	feuil	u	v-e	alera.					
		u											
PART II. Other algnifica									n Part I.	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
GIVEW	oger	11 (	pulm	oner	7	a	em	u		1   YES 2	NO T		COMPLETION OF CAUSE OF DEATH?
(A) 1) IM	001	28	unci	pia	us.						••		1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (C	heck only on	0)			
1   YES 2   NO		1 1 Inpetient 2			4 - Nursing			eldence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH	Pending	26a, DATE O (Month,	F INJURY Day, Year)	26b. TIME	JRY	WO	HK?	and the same of	26d. DES	CRIBE HOW I	NJURY OC	CURED	
	investigation	40. 20.100				' [] \		NO					
	Could not be detarmined	28a, PLACE ( building	of injury — A) h , atc. (Specify)	oma, farm, a	treet, factory	, office	•		281. LOCA	TION (Street or Town, Stete)	end Numbe	r or Rumi i	Route Number,
29a CERTIFIER				-		-					_		
nnel		ER: On the basis of											s) and menner se stated.
296. SIGNATURE AND TITLE							29c LICE	NSE NU	JMBER		29d. DAT	E SIGNE	O (Month, Day, Year)
S. K.		apsi. A	-				D:	21	20	0	•	6-	19-91.
SHRINIUA	S R.	UDAD	I. 724	EM 27) (Type,	Print)	EA	RPK	WA	V 6	REEN	186	7.7	MD 20770
		- 17		-					/ 7/	-	-	-1, /	10-010

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 STATE	STATE OF MARYLAND			MENTAL HYGIENI	91	21009
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  WOSSEN M Tahlr	<del></del>	M. Tahi	E OF DEATH  T 1 YEAR   IF UNDER 24 HRS.	REG. NO.  2. DATE OF GEATH MONTH JULY DA  7. DATE OF BIRTH	19	3. TIME OF DEATH  6:00 Pm  BIRTHPLACE (State or Foreign
577-06-4785 1 90. FACILITY NAME (If not institution, give street	□ M 2 X F 30	YRS. MONTHS	DAYS HOURS MIN.	3-16-61		Ethiopia
HOLY Cross HOS PITA  RESIDENCE OF DECEDENT  10. STATE  10. COUNTY	1	5,1	ver Spring	Md	mo	ntgomery
Washing . DC ne	one	Wash			10o. CITIZEN	1 10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 1522 Silver SPR 11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. A	DUEO 42	20010	AUC OBIOMS (Canality Van	Ethi	opia RACE — American Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2	NO	If yes, specify Cuben, Mexico	en, Puerto Ricen, etc.)	O7 NO	Black  Black  Black
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementery/Secondery (0-12)	10N   16a. D   16a. D	Give kind of work done to. Do NOT use retired.  Cashier	during most of working	166. KIND OF BUS	ng Ind	
17. FATHER'S NAME (First, Middle, Last)  Ayelew  190. INFORMANT'S NAME (Type/Print)	Tahir		Yedar		mayehu	
Solomon Yerga			SS (Street and Number or Rural h 25th.,St.A			
20a, METHOD OF DISPOSITION  1	20b. PLACE other   Ba	place)	teme of cemetery, cremetory or a Cemetery			or Town, State
21. SIGNATURE OF EMPERAL SERVICE LICENS	hamben		NAME AND ADDRESS OF FA	W.W.Ch		s Co. Inc.
23. PART I. Enter the diseases, or conshock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition raculting in death)	tronly one cause on each lin	death. Do not ante				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSIDER TO (O	EOUENCE OF):	rd			
PART II. Other algnificent conditions of	contributing to death but not	resulting in the u	inderlying cause given in	Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	HOSPITAL:	ОТН				
1 YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUR	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street, fa	ctory, office	28f. LOCATION (Street City or Town, State)		Rural Route Number,
000)	AN: To the best of my knowledge, On the basic of examination end/o					
GNATURE AND TITLE OF CERTIFIER	~. Ma		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit per removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit perm be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF M					EALTH DEAT		MENTA			1	2101	0
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		CE	KHI	ICATI	E OF	DEA	Н	La paye	REG. NO	),	_	3, TIME OF DEA	711
1	Ethel M.	Terr	v						MONT	y 10,	4 991	YEAR	11:30	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	e hiethelms	IF UNDER	( bean	IF UNDER	24 1400	_	OF BIRTH	1991	0.0077	HPLACE (State or F	
		1 M 2 XF		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h. Day. Year)	014	Count	try)	
	577 28 9456		77	ins.						11, 1	_		hington,	D.C
DIRECTOR	9a. FACILITY NAME (if not institution, give s Frederick Memoria	Security and	al			deri	or location	ON OF DI	EATH		114 74 25	eder		
ត្ត	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNT	7		10c CI	ry, TOWN	OR LOCAT	ION						10d. INSIDE CIT	v
=	Maryland Fred	erick			onro								LIMITS?	
	10e. STREET AND NUMBER	or row			OHLO		. ZIP COD	-			140.000	1254 05	1 VES 2	NO
FUNERAL											,		WHAT COUNTRY?	
필	11311 Scenic View						21770						States	
BY FU	11. MARITAL STATUS 1  Never Merried 2  Married 3  Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 K			If yes, sp		n, Mexica	n, Puerlo	N? (Specify Ye Ricen, etc.)	a or No—	14. RAC Blac Spec	E — American Ind ck, While, etc. city: White	
	15. DECEDENT'S EDU	CATION	140 DE	CEDENTS	USUAL O	COLIDATIO	201	_	460	. KIND OF BU	CINESO (IN	DUGTON		
COMPLETED	(Specify only highest grade	completed)	(0	ive kind of	work done	during mo	et of working	19	166	S. KIND OF BU	ISINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+	,							Dolio		0		
×			5	ecre	cary							urg	anizatio	on
႘	17. FATHER'S NAME (First, Middle, Last)	ockogey								Middle, Maider		1.3		
BE		ockogey					Mai			nche				
5	190. INFORMANT'S NAME (Type/Print) Robert E. Terry									therst			yland 20	879
	20s. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Rem		20b. PLACE				(Name		DAT	E 20c. LC	OCATION -	City or To	own, State	
	4 Donation 6 Other (Specify)	oval from State	of cemetary,	remator Hil	y or other i	nete.	rv 3	July	13,	1991 8	uitl	and,	Marylar	nd
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY	Robert	. A .	Pump	hrev Fur	eral
j	+ May D 9	ten	M006		A۱	venu	e, Ro	ockv	ille	, Mary	land	208	ontgomes 50-2805	ΞY
	23. PART I, Enter the diseases, Dr shock, or heart fallure.	complications that	caused the de	ath. Do	not anta	r tha mo	da of dy	Ing, suc	ch aa car	diac or reap	lretory a	reat,	Approxin	
	IMMEDIATE CAUSE (Final	List only ona cau	aa on aach iina	l.									Onset sn	
	disesse or condition	500	10102										120	10
	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE C	PF):						7		7	~ 3
~	_	0	p sof	1 1	ssue	n.	0.0	1.	. 4	(R	10	4	NIE	5d
ERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A CONSE	OUENCE C			Jee	7	1		000	٧	+	
AT	If sny, leading to immediate cause. Enter UNDERLYING	1010	0 00	x1	1	1	21	-	4-				N/5	1
FIC	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	OUENCE C	OF):		70							-
E	resulting in death) LAST	Com	as about		100	.1	10	0.					1000	-
CEI		d. Or	20000	~	Need		10	u					18	7
	PART II. Other algolficant condition	s contributing to	death but not i	resulting	In tha u	ndariyin	g causa	givan in	Part I.	24a. WAS A		24	b. WERE AUTOPSY	
2	Turne II I	ialete	,								AMED?		COMPLETION OF	
ED	69	-1 1	VI	R.						1 TYES	2 ANO		OF DEATH?	
Σ	Mumato	CYTY	ame	3					_				1   YES 2	NO
Z	l													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (C	heck only o	nne)				
YS	1 TES 2 NO	Inpatient 2	ER/Outpatient 3	□ DOA			10 5 A	esidenca	6 🗆 Oth	er (Specify)				
PH	27. MANNER OF DEATH	28s. DATE OF (Month, D		26b. TII	ME OF	28c. IN.	JURY AT		28d. DE	SCRIBE HOW	INJURY O	CCURED		
ВУ	Netural 5 Pending 2 Accident Investigation				М		YES 2	NO						
	3 Suicide 8 Could not be	26e. PLACE O	F INJURY — At he etc. (Specify)	ome, farm,	street, fac	tory, offic	:0			CATION (Street		or Rural	Route Number,	
TE	4 Homicide determined		ora (openny)						- City	or lown, State	"			
=	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	mu knowledge de	all occur	and at the	time date	and place	and do	a do dha a			4.4		
COMPLETED	(Check only one) 2 MEDICAL EXAMIN												(a) and manner as	ateled
00			- The state of the	vaerigati	or, m my	opinion, (	-			w wind piece, s				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	120	1				-	ENSE NU		,	4115		D (Month, Day, Year	)
10	Muldse	OM	V				03	36	701	/		1-1	0-91	/
-	30 NAME AND ADDRESS OF PERSON WI	IO COMPLETED ONLY			-									

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Hultsch-Smith, 915 Sara M.D Tollhouse Road Suite #203, Frederick,

31. DATE FILED (Month, Day, '9 32. REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First	ma	14 B	Th.	acl	IF UNDER 1 YEA	AR SF UNDER 24	MC C	ATE OF BIRTH	7 9	YEAR	AO,50 P
-		216 44 2799		1 M 2 F	91	YRS.	IONTHS DAY		MIN. 1/	2/1900		OWA.	
	TOR		e Cour	nty Genera	l Hosp			llstown			9e. COUNT	ltin	
	DIRECTOR	10a. STATE	10b. COUNT				TOWN OR LO						IOd. INSIDE CITY
permit.		Md.  10e. STREET AND NUMBER		roll		Syke	esvill	10f. ZIP CODE			10g. CITIZE	N OF WH	I ☐ YES & MO
ending physician. as the burial-transit permit.	BY FUNERAL	7200 T  11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 Divided	Married	12. WAS DECEDENT FORCES? 1% IF YES, GIVE WA	XYES 2 1		If yes	OECENOENT OF I , apocity Cuban, I YES 2 X NO	Mexican, Pua		ea or No 1		
Spital or att	COMPLETED	15. DEC (Specify on Elementary/Secondary (c 1.2	CEDENT'S EDU ly highest grade 0-12)	College (1-4 or 5+)	(G	. Do NOT use	rk done during	PATION g most of working		Agric	usiness/indu	STRY	
ज दे दे	BE	17. FATHER'S NAME (First, A  JAMES DO  19a. INFORMANT'S NAME (	uglas	Ibach	140	h MAII INC A	nnasee (Na		rtle S			Sa effet	
ay be n page 5	5	Helena Iba	ch		20b. PLACE	7200	Third	Ave S	vkesv:	ille. M		84	n, Stata
Page 6		1 □ Burlat 2 ☑ Crematil 4 □ Donetion 5 □ Other 21. SIGNATURE OF FUNER/	r (Specify)		Carro	crematory o	ematic 22. NAM	ON Serv	OF FACILITY Haid	nt Fune	ral Ho	me .	Md.
2 2 2 3		23. PART I. Enter the	<u> 71).</u>	Haigh	t Coursed the di	ath Do no		195 Syl	kesvil	lle, Md	. 2178	4	I Annovineto
within 24 hours within 24 hours apletely filled in cremation, or n		ehock, of h IMMEDIATE CAUSE (FI disease or condition resulting in death)	eart failure.	a. CCV	e on each line	sul,	^	ernes	,	cerdiac of rea	piretory arre-	ш,	Approximate Interval Betwee Onset and Das
certificate be executing physician and tygiene prior to bur rother traumatli	ERTIFICATION	Sequentially list condi- if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING ury	C	OR AS A CONSE	•							
uires that the death signed by the atte Health and Mental we any Injury, o	MEDICAL C	PART II. Other eignification C 1	ant condition		0 .	resulting in		lying cause giv	ven in Part		N AUTOPSY DRMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law requestions to the State Dept. of tem 23 she	SICIAN:	25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpatient		OTHER:	6. PLACE OF DEA					
DING PHYSICI After this cert death with this s marked, e	ву РНУ	27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending Investigation	26a. DATE OF (Month, De	y, Ybar)	28b. TIME INJU	M 1	INJURY AT WORK?		. DEŞCRIBE HOW	INJURY OCCU	PRED	
OR ATTENDING DIRECTOR: After hours after death	8	4 Homicide	Could not be determined	28e. PLACE OF building, a	INJURY — At hate. (Specify)	ome, farm, st	reet, factory,	offica	26t.	LOCATION (Stree City or Town, Stel		r Rural Ro	oute Number,
Z 3 2 =	COMPLET	one) 2 MET	DICAL EXAMIN	ER: On the best of ax				on, death occured	at the time,		and due to the	cause(s)	
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITL.	الا	750	E OF DEATH (ITE		Print)	D38	SE NUMBER	2_	▶ 7	1171	(Month, Day, Year)
		31. DATE FILED (Month, Day	D	32. REGISTRAI	R'S SIGNATURE	Bal	time	Mandall C	me	y Gen	rd 14	923	top
		7/17	191	UL 19'91		gulia D	andra-	Managac					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

10,50 PM

Approximate Interval Between Onset and Daath

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

BALTIMORE, MARYLAND 21215	attend
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The iaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend

1	3 should			H.
tending physician.	as the burial-transit permit. Pages 1, 2,			TO BE COMPLETED BY FUNERAL DIRECTOR
of death. Page to may be retained by the hospital of all	he funeral director, page 5 should be detached for use	di.	examiner must be notified at once.	TO BE COMPLETE
TO THE MOSPILAL OR ALLENDING PHYSICIAN. THE NAM REQUIRES THAT DIE DESTIT CHILINGAE DE EXECUTED WHITHIN 24 HOUS AFRET DESTIT DE TESTINED BY THE HOSPITAL PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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					OF DEATH	2.	REG. NO.			. TIME OF DEATH
	NELLIE	7	١.		14/86	1	TUNE 2	L271	991	1426 M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le 82		IF UNDER 1		HRS, 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	ACE (State or Foreign
2/2-78-30-90 90. FACILITY NAME (If not institution, give st	1 M 2 K F	02	YRS.	ab CITY 3	TOWN OR LOCATION			1909	Mar NTY OF DEA	yland
	SOUTH TO CASE					OF DEATH	.0	C22-122-110.01		MH.
PENINSULA GENERAL RESIDENCE OF DECEDENT			_	ALISI				VICON		
Maryland 10b. COUNTY	Somerse	t	10c. CIT	Y, TOWN OR		field	l			Od. INSIDE CITY LIMITS?  YES 2 X NO
26794 Johnson Cre	ek Rd.				101. ZIP CODE 21	817			S.A.	AT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 NF YES, GIVE V	YES 2 🔀		11	AS DECENDENT OF I yes, specify Cuben, YES 2 NO	Mexican, P		or No—	14. RACE - Black, Specify.	American Indian, White, atc. White
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	ive kind of	USUAL OCC	CUPATION tring most of working		16b. KINO OF BUS	INESS/INC	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	se retired.)						
H.S. Graduate  17. FATHER'S NAME (First, Middle, Last)		- H	ousev	rife	40 44071171	DIO NAME				
Francis Asbury Mo	vhear				Io. MOTHE		v Bell W		ton	
19e. INFORMANT'S NAME (Type/Print)		16	b. MAILING	ADDRESS	(Street end Number or					
Joan Riggin (Daug	ghter)		749	Oak	Drive - 1	Dover	, DE 19	901		
20e. METHOD OF DISPOSITION  1 St Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	ovat from State	of cemetar	. cremator	e of dispo		6/30			City or Tow	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	INSDUL	1	22. N	AME AND ADDRESS	OF FACILI	TY		era,	SID .
· Robert W.	Brace	elen	h	306	dshaw & :	St.	- Crisfi	eld,	MD	21817
23. PART i. Enter the disesses, or shock, or heart failure.	complications the List only one car	it caused tha duse on sech lin	eth. Do	not entar t	he mode of dying	, auch e	e cardiec or reepi	ratory ar	reat,	Approximete interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition		andrac	an	rest						Unset and Death
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resulting in deeth)	DUE TO	(OR AS A CONSE	QUENCE C	F)			1			MINS
	b. DUE TO	0000	QUENCE C	F)	intin (	Suy	nett)			
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Sequentially list conditions, if any, leading to immediate	b. DUE TO	OR AS A CONSE	QUENCE O	Diya	intin (	Suzy	nut)			MINS
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Metrical a lange

After this ce death with t marked,

TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dea IMPORTANT; It Item 28 Is m

RAOUL- IVAN

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31. DATE FILED (Month, Day, Year)

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SICIAN: The law requires that the death certificate be executed within armours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
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SICIA	certif	h the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTO

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Pages 1, 2,

permit.

21013 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8:20 WILLIAM C.THOMAS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year IRTHPLACE (State or Foreign 214-28-8406 1 M 2 D F 62 YRS. 9-29 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, 9c. COUNTY OF DEATH EASTERN SHORE HOSPITAL CENTER CAMBRIDGE MD DORCHESTER RESIDENCE OF DECEDENT CRISFIELD 10d. INSIDE CITY 10a. STATE SOMERSET YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE no 5+ 21817 2 US 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. If yea, specify Cuban, Mexican, Puarlo Rican, atc.)

1 YES 2 100 Specify: 2 NO 1 Never Married 2 Married WHITE YES, GIVE WAR OR DATES 3 Widowed COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY GRADE 6 College (1-4 or 5+) SEAFOOD ATER MAN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN -BRADLEY THOMAS DOROTHY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROBERT L. THOMAS MYRTLE STREET LANE - CRISFIELD, MD 21817 (BROTHER) METHOD OF DISPOSITION 7 - 7 - Q |
Burlal 2 | Cremation 3 | Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State AMERICAN ECION CEMETERY CRISFIELD, MD Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SENS FUNCTIL HUNG 306 W. MAIN ST. - CRISFIELD, MD 21817 23. PART I. Enter the disesses, or complications that ceused be death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on such line. Approximate Onset end Death IMMEDIATE CAUSE (Final disease or condition\_ MYDENRDINL INFARCTION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): NYPERFENSIVE CARSISVASCULAR HICHGE CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ABETES MELLITUS ceuse. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorithms conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER?** 1 TES 2 NO OTHER: etiant 2 - ER/Outpetiant 3 - DOA me 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Soecify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🔲 Suicide LETED 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND JUTTE OF CERTIFIER 29c. LICENSE NUMBER
MDD 15232 29d. DATE SIGNED (Month, Day, Year) BE MD 7-4-91 ww 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LOPEZ M.D-MPH

32. REGISTRAS'S SIGNATURE

The Date Sail

mysician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
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PRINCIPANT THE INVITATION OF THE DESIGN OF THE DESIGN OF THE PRINCIPANT OF THE PRINC	detached ft		once.
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Jeani. r	funeral		ишеха
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J WILLIAM	mplete	crem.	went,
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permit. Pages 1, 2.

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	REGISTRAR			CE	RTIF	ICATE	OF	DEAT	<u>H</u>		REG. NO.			
i	1. DECEDENT'S NAME (First, Mid									2. DATE	OF DEATH	,	YEAR 3	. TIME OF DEATH
	Mildred	Lauri	nda	Tibbs							ly 12.	199		10:50A.M
	4. SOCIAL SECURITY NUMBER	5.	. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
1	220-01-4282	2 1	□ M 2 🕡 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.		22/21	- 1	Country)	yland
	9a. FACILITY NAME (If not institut		t and number)	09		9b. CITY,	TOWN O	R LOCATIO	N OF DE		22/21	ac COUR	TY OF DEA	
œ	221 Darlin													
Ō	RESIDENCE OF DECED		roau			Hav	/re	de G	race			На	rford	
DIRECTO		b. COUNTY			10c, CIT	Y, TOWN OF	LOCATI	ON					1	Od. INSIDE CITY
E	Maryland	Harf	ord						_					LIMITS?
	10a. STREET AND NUMBER	TIGH I	OLU		1	lavre								YES 2 NO
¥.							101.	ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	221 Darli							<u> 2107</u>	8			1	U.S.A	
5	11. MARITAL STATUS	12	2. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DECE	ENDENT O	F HISPAN	IC ORIGIN	l? (Specify Yea Rican, etc.)	or No-	14. RACE -	- American Indian, White, atc.
	1 Never Merried 2 X Mer		IF YES, GIVE V	MAR OR DATES	.0	ï	YES YES	2 NO	Specify		riican, atc.)	- 1	Specify:	
B⊀	3 Widowed 4 Divorced	<u> </u>				_ 1						- 1	Whit	e
	15. DECEDE (Specify only high	ENT'S EDUCAT		16a, DE	CEDENT'S	USUAL OC	CUPATIO	N of workin		186	KIND OF BUS	INESS/INC	USTRY	
山	Elementary/Secondary (0-12)	-	College (1-4 or 5	- Marie	Do NOT u	se retired.)	uning mos	it or workin	V					
립	12		0		vice	Mana	ager				Retai	1 Sa	lee	Sears
COMPLETED	17. FATHER'S NAME (First, Middle	e, Last)							IER'S NA	ME (First,	Middle, Maiden		100	O.C.D.I.S
	William E	Elmer 1	Walter					т	-11×1	- ba	Young			
BE	19a. INFORMANT'S NAME (Type/		Walter	19	b. MAILING	ADDRESS	(Street or				ber, City or Town	State Zin	Code)	
2	J. Robert		Tr	1							vre de			D 21070
	an HETHOD OF BIODOGITION			20b. PLACE						, 110			City or Town	
	5 Burial 2 ☐ Cremation	3 🗌 Remove	i from State	other pi	ace)				miory or					
1	4 Donation 5 Other (Spe 21. SIGNATURE OF FUNERAL SE		IACE.	_ Mt.	Z101	Ceme		V D ADDRES		011 1997	<u> Bel</u>	Air	<u>Mar</u>	yland
	21. SIGNATURE OF FUNERAL SE	A	A .								neral	Home	РΔ	
	KINNID	n A	MAR	(2Dhor	7						nd 21			•
	23. PART I. Enter the dise	eses, or cor	nolications the	et ceused the de	eth. Do				,	-				Approximate
	ahock, or hear	rt fellure. Lis	at only one ca	use on each line	).							,		Interval Between
	iMMEDIATE CAUSE (Finel disease or condition						1	,		1	T.			Onset and Death
	resulting in death)	a.,	. a	Eule n	Myc	car	111 11	, /	11. 1	11	1 Y Man			
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_			1 302 1	(OR AS A CONSE	OUENCE C	F): A	0 4				7.			mued
Z	Sequentially list conditions		History	LuTilu	Dew	F): A	50	VD		o i	CNON	lej		Muld
NOIT	Sequentially list conditions if any, leading to immediat	te .	History	OR AS A CONSE	Dew	F): A	SC	VD			CNON	bj		Muel
CATION	if any, leading to immediat cause. Enter UNDERLYING	ate 3	Hoof	LUTING HOR AS A CONSE	OUENCE C	NF):	SC	VD			CNOV	by		89R
IFICATION	if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	ate 3	Hoof	LuTilu	OUENCE C	NF):	S C	VD			CNON	bj		sqx.
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OF DEATH (ITEM 27) (Type, Print)

21034

Julia Davidson Randall

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13146,	executed within	and completely
.O. BOX	n certificate be	nding physician
ECORDS, P	quires that the deat	on sinned by the atte
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mounts	DIRECTOR: After this carrificate has been sinned by the attending physician and completely filled in
DIVISION (	L DR ATTENDING PI	DIDECTION After #

31. DATE FILED (Month, Day, Year)
JUL 19 91

		FOR STATE REGISTRAR	STATE OF MARYL	CERT	IFICATE O		MENTAL HYGIENI REG. NO.		1 21015
		1. DECEDENT'S NAME (First, Middle, Last)	ROBERT S.	TIPSO	N		2. DATE OF DEATH DA	Y YEA	1 10 to an A
(		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	yrs. last birth	day) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	IRTHPLACE (State or Foreign
P	)	181-26-3153		84 YF		HOURA MIN.			ngland
3	E:	90. FACILITY NAME (It not institution, give at Rockville Nursin			Rockvi.	OR LOCATION OF DE	ATH	9c. COUNTY O	
· · · · · · · · · · · · · · · · · · ·	ECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c	CITY, TOWN OR LOC			Hones	10d. INSIDE CITY
if. Pag	DIRE	Maryland Mo	ontgomery	]	Kensingto	n			LIMITS?
physician. burial-transit permit. Page	ERAL	100. STREET AND NUMBER 10303 Parkwood Di	rive			IOF. ZIP CODE	895		J.S.A.
sician. al-tran	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D	ECENDENT OF HISPAN	IIC ORIGIN? (Specify Yee	or No- 14. F	RACE — American Indien, Bleck, White, etc.
the	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			specify Cuben, Mexice ES 2 NO Specify			Specify: White
al or attend for use as	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16e. DECEDE (Give kin	NT'S USUAL OCCUPA d of work done during OT use retired.)	TION most of working	16b. KIND OF BUS	SINESS/INDUSTR	şy
spital of hed for	APLE	Elementary/Secondery (0-12)	College (1-4 or 5+) 5+		ntist		Carbohy	drate I	Research
be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Herbert Tipson	7.4				ME (First, Middle, Maiden Stuart	Surname)	
Page 6 may be retained by all director, page 5 should be ner must be notified at	TO BE	19e. INFORMANT'S NAME (Type/Print)	(51 )	19b, MA	LING ADDRESS (Street	t end Number or Rural I	Poute Number, City or Town	n, State, Zip Code	p)
y be re page 5	_	Jean R. McIlroy  20a. METHOD OF DISPOSITION	(Sister)			, Valenci	a, Pennsyl	Vania I	
rector, p		1 Buriel 2 Cremetion 3 Remo	oval from State	other place) Mt.	Comfort	Crematory	Alex	andria,	
death. Page 6 may be the funeral director, page 1.		21. SIGNATURE OF FUNERAL SERVICE LIC	A C D O	50	JOSE	AND ADDRESS OF FA PH GAWLER	S SONS, I	NC.	
0 = 0		7 Welline	Jocan	the death			e., NW; Wa		
filled it		23. PART I. Enter the diseases, or cashock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each		ARRES	node of dying, suc	n as cardiac or reapi	ratory srreat,	Approximate interval Between Onset and Death
executed within and completely o burial, crema matic event,		_	OR ON AS A	CONSEQUEN	CE OF): ARTEG	LY DISI	EASE		
ertificate be execut ng physician and c glene prior to buris other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A				SCHUAR 1	OSEL	°C
physici ne prio	FICA	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A			KDIO VAS	schust i	// SEAS	
endi Hy	ERTI	resulting in death) LAST	d						
- O -	CAL C	PART II. Other significant condition	a contributing to death b	ut not result	ting in the underly	ing cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
requires that the signed by of Health an	MEDIC	CONGESTIVE H	EART FALL	LUKE	CHRONIC	OBSTRUCT	1 UE 1 TES 2		COMPLETION OF CAUSE OF DEATH?
	N N	TACELOUINE DI	36131				-		1 TYES 2 NO
N: The law ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch			
SICIAN certific th the S	Ŧ	1 VES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY		. TIME OF 28c.	NJURY AT	6 Other (Specify)  26d, DE\$CRIBE HOW I	INJURY OCCURE	ED .
After this of death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	WORK? YES 2 NO			
TTENDI TOR: A after d 28 is	ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, f	erm, street, factory, o	1ice	281. LOCATION (Street City or Town, State)		ural Route Number;
DIR	COMPLET	one)	CIAN: To the best of my know						
HOSPITAL FUNERAL Within 72 TANT: If		2 MEDICAL EXAMINE 29b. SIGNATURE AND TIME OF CERTIFIE	R: On the beele of examination	end/or Invest	tigation, in my opinion	, death occured at the			
TO THE HOSPI TO THE FUNER be filed within	TO BE	Allen	MD			D265	71 MD	▶7/1	ONED (Month, Day, Year)
25		30. NAME AND ADDRESS OF PERSON WH	MD 54	13 CF	DAR 1A	NE #2	06C Bt	STHESO	4, MD 2081

32. REGISTRAR'S SIGNATURE Juna Dandole Pandole

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

8

FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTM CERTIFIC	ENT OF HEALTH A		REG. NO.	21016
1. DECEDENT'S NAME (First, Middle, Lest) DWIGHT		LOR		JUL	Y 17,1991 4	n 4:25 a M
4. SOCIAL SECURITY NUMBER 577-03-3976	5. SEX 6		UNDER 1 YEAR   IF UNDER 2	MIN. (Mor	th, Day, Year)	6. BIRTHPLACE (State or Foreign Country) Marshall, TILLin
9a. FACILITY NAME (If not institution, give suburban HOSPI	· ·	96	ETHESDA	OF OEATH	9c. COUNT	TY OF OEATH  ONTGOMERY
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	TY.	1 24	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		wasi	nington, D. (			1
5295 Partridge La  11. MARITAL STATUS 1 Never Merried 2 A Married 3 Widowed 4 Diverced	12. WAS DECEDENT I	YES 2 NO		Mexican, Puerto	IN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.  Specify: White
15. DECEDENT'S EOL (Specify only highest gradi Elementary/Secondary (0-12)	JCATION	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working tired.)	16	b. KIND OF BUSINESS/INDU	ISTRY
17. FATHER'S NAME (First, Middle, Last)	<u></u>	Attorney		ER'S NAME (First	Law Middle, Maiden Surname)	
Jesse Buchanan	Taylor		Ide	ell Ada	ns	
Helen G. Taylor	(Wife		rtridge Lar	e. N.W	Washingt TE 20c. LOCATION - C	on. D.C. 20016
1  Buriel 2 M Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		of cemetary, crematory or of Mt. Comfort	Crematory 22. NAME AND ADDRESS Joseph Gaw	7. s of FACILITY fler's	-18 Alex Va	N.W.
shock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. OUE TO (0	R AS A CONSEQUENCE OF):	Faler be Bro	o Più S	gadrom	Interval Between Onset and Death
PART II. Other algnificant condition	na contributing to d	eeth but not resulting in t	he underlying cause gi	ven in Part I.	24a, WAS AN AUTOPSY PERFORMEO 1 YES 2 NO	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE		Service Service	
1   YES 2 W/ NO		JURY 28b. TIME O	F 26c, INJURY AT	28d. D	EŞCRIBE HOW INJURY OCC	URED
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF IN (Month, Day,	Year) INJURY	M 4 D vee a D			
27. MANNER OF DEATH	(Month, Day,	INJURY — At home, farm, afre-	M 1  YES 2	28f. LC	CATION (Street and Number of Yor Town, State)	or Rurel Route Number,
27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only	28e. PLACE OF building, et	INJURY — At home, farm, atre- c. (Specify)  y knowledge, death occurred a	et, factory, office	28f. LC	y or Town, State)	
27. MANNER OF DEATH  1 Netural 5 Pending Investigation 5 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF building, et al. SICIAN: To the best of mIER: On the best of examer.	INJURY — At home, farm, atre- c. (Specify)  y knowledge, death occurred a	ot, factory, office  It the time, data end place, In my opinion, death occurs	28f. LC Critical and due to the cond at the time, da	suss(e) and menner as state to and place, and due to the	od.

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page (	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct has find within 72 hours after death with the State Dent of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)				10,		DEAT	<u>.                                     </u>		OF DEATH			3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	7 70	BIRTHP (200yntry)	PLACE (State or Foreign
579 16 8358	1 🕅 M 2 🗆 F	68	YRS.	-1-2-3			1977		b. 2	, –		
9a. FACILITY NAME (If not institution, give	Contraction of the			9b. CITY,		R LOCATIO		ATH		9c. COUNT	Y OF OE	ATH
Southern Ma H	osp. CtR	la			C	linto	N				9	
10a. STATE 10b. COUNT			10c. CIT	Y, TOWN O	OR LOCAT	ION					T	10d. INSIDE CITY LIMITS?
District of Co	lumbia				Wa	shir	ngto	n				XXYES 2 NO
10e. STREET AND NUMBER						ZIP CODE	- 10					HAT COUNTRY?
717 Princeton							010				eđ	States
11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. ARI							1? (Specify Ye Rican, atc.)	a or No-	RACE Black,	- American Indian, White etc. Black
1 Never Merried 2 Married 3 Widowed 4 Divorced		WAR OR DATES		1	I U YES	2 XNO	Specify:		,		Specify	" Втаск
15. DECEDENT'S ED		16a. DE	CEOENT'S	USUAL OF	CCUPATIO	N		168	KIND OF BU	ISINESS/INDU:	STRY	
(Specify only highest grad Elementary/Secondary (0-12)		(GI	ive kind of a	work done o	during mo	st of working	g			v.		
12th gr.			etir	ed.					GC	•		
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First,	Middle, Maide	n Surname)		
Joseph Taylor							Len	ora	Simn	າຣ		
19a. INFORMANT'S NAME (Type/Print)		198								wn, State, Zip C		
LaToure Taylo	or		717	Pr	inc	eton	Pl	ace	, N.W	7. V	lask	D. DC.
20a METHOO OF OISPOSITION 1 Burial 2 Cremation 3 Rec	moval from State	20b. PLACE of cemetary,	ano oat	E OF OISP	OSITION	(Name	,	Juni	5 50c. L	1991°	ty or Tow	vn, Stata
4 Donation 5 Other (Specify)		of cemetery.	coln			·	Cem	ete.	ry	Suitl	and	I.Md.
21. SIGNATURE OF FUNERAL SERVICE L	CEMSEE	1	-	22.	NAME A	ND ADDRES	SS OF FAC	HILITY				
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1000 1.4	Slew	art	TIB						al Ho			
23. PART I. Enter the diseases, or shock or heart fellure					400	I Ro	nni	na '	bead	NI E	st,	Approximete
23. PART I. Enter the diseases, or shock, or heart fellure MMEDIATE CAUSE (Final	. List only one car	use on aach lina		not enter	4 n n	Be de of dyl	nn i ; ng, suct	ng n es car	Road, diec or res	N E		Intarval Between Onset and Deat
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DHMH-16 Rev 1/89

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BALTIMORE, WARK AND 21215-0020	24 nours after death. Page 6 may be may be made to the northal or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pain 5 security of use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be included at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fund he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be neveral once.

REGISTRAR										
1. DECEDENT'S NAME (First, Middle, Last)						2. DAT MON			YEAR	TIME OF OEATN
Royce			Tay1c			06				4:06 Am
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	100	F UNDER 1 YEA		/8400	th, Day, Year)		Country)	ACE (State or Foreign
579 86 1827	1 🔀 M 2 🗆 F	26	YRS.		is noons an	Ma	ch 20	), 19	65	Wash.,D
9a. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOV	WN OR LOCATION O	DEATH		9c. COUNT	Y OF DEAT	'N
Prince George's G	eneral Ho	spital		Che	everly			Princ	e Ge	orges
10a. STATE 10b. COUNT				TOWN OR LO					10	d, INSIDE CITY LIMITS?
District of C	olumbia		W	ashi	ngton				X	X YES 2 NO
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZE	N OF WNA	T COUNTRY?
422 Condon Te	rrace,	S.E.			20032			Uni	ted	States
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECENDENT OF HIS	PANIC ORIG	N? (Specify Ye	or No — 1	4. RACE -	American Indian, hite, atc.
1 Never Married 2 Married	IF YES, GIVE V	YES 2-	Xio		yes 2 ANO S		Rican, etc.)			
3 Widowed 4 Divorced									BTac	K
15. DECEDENT'S EDU (Specify only highest grad		16a.	OECEDENT'S US	SUAL OCCUP	PATION g most of working	16	b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT use i	retired.)	y most or working					
8th			Wareh	ouser	man		Pr	ivat	e	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First	Middle, Malden	Surname)		
James E. Alle	en				Na	ncy 1	R. Tay	lor		
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING A	DDRESS (Str	eet end Number or R	rral Route Nu	nber, City or Tox	n, State, Zip C	Code)	
Nancy R. Taylo	or		157	Irvin	ngton S	tree	. S.V	v. W	ash.	D.C.
20a, METNOD OF DISPOSITION		20b. PLA	CE ANO OATE O				TE 20c. LC			•
1 Departure 5 Other (Specify)	moval from State	of cemeta Har	mon V	other place)	rial Pa	rk Ji	11 5	199	1	Landover
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /		mong .						<u>.</u>	Bandovel
	77	. 7	1-111	Ste	ewart F	unera	al Hon	ne		
V //							1 5000	T TO		
23. PART I. Enter the diseases, or shock, or heart failure.  INMEDIATE CAUSE (Finel disease or condition	. List only one cau	use on eech li	ne.	t antar the				-	st,	Approximate Interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel dispase or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Gunshot  DUE TO	use on eech li	s of ch sequence of):	nest a	mode of dying,			-	st,	Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Gunshot DUE TO b DUE TO	Wound	S OF CE SEQUENCE OF): SEQUENCE OF):	nest a	mode of dying,			-	st,	Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. Gunshot DUE TO b. DUE TO C. DUE TO d.	USE ON EECH II  WOUND  (OR AS A CONSTITUTE OF CONST	S OF CE SEQUENCE OF): SEQUENCE OF):	nest a	mode of dying,	such se ce		I AUTOPSY	24b. W/Ah	Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	a. Gunshot DUE TO b. DUE TO C. DUE TO d.	USE ON EECH II  WOUND  (OR AS A CONSTITUTE OF CONST	S OF CE SEQUENCE OF): SEQUENCE OF):	t enter the	and neck	lin Part I.	24e. WAS AN PERFO	I AUTOPSY	24b. W/Ah	Interval Between Onset and Death  British and Death  ERE AUTOPSY FINDINGS ARLABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. Gunshot  DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	WOUND OF AS A CONSTITUTE OF AS A	S OF CH SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	t enter the nest at the under the un	and neck	In Part I.	24e. WAS APPERFO	I AUTOPSY	24b. W/Ah	Interval Between Onset and Death  British and Death  ERE AUTOPSY FINDINGS ARLABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATN	a. Gunshot  DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	WOUND  WOUND  OR AS A CONS  OR AS A CONS  OR AS A CONS  OR AS A CONS  ER/Outpetlent  Finulty  Joy, Year)	S OF CH SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): ot resulting in  3 □ DOA 4  28b. TIME INJUI	t enter the nest at the underly the underl	and neck	(Check only) too 8 Ot	24e. WAS AN PERFO 1 (X YES :	I AUTOPSY RMED? 2 NO	24b. W/AACCO	Interval Between Onset and Death  British and Death  ERE AUTOPSY FINDINGS ARLABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   XYES 2   NO	a. Gunshot DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1   Inpatient: 11 28a. DATE Of (Month, L) 06 30	WOUND  WOUND  OR AS A CONS  OR AS A CONS  OR AS A CONS  OR AS A CONS  EXTERNOLOGY  OR AS A CONS  OR	S OF CH SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  1 DOA 4  28b. TIME HUJUI 1:30	t enter the nest at the under the un	inde of dying, and neck  dying couse give  be place of death Home 5 - Reside NUJURY AT WORK?	(Check only the 8 Ot 28d. o	24e. WAS AN PERFO 1 (X YES :	I AUTOPSY RMED?  2  NO  INJURY OCCU	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Between Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION DF CAUSE F DEATH?  TYPES 2 NO
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DATN  1 Netural 5 Pending investigation investigation 3 Suicide 8 Could not be	a. Gunshot  DUE TO  b. DUE TO  c. DUE TO  d	WOUND  WOUND  OR AS A CONS  OR AS A CONS  OR AS A CONS  OR AS A CONS  ER/Outpetlent  Finulty  Joy, Year)	S OF CH SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  1 28b. TIME INJUI 1:30  home, farm, str	t anter the nest 2 the under the und	inde of dying, and neck  dying couse give  be place of death Home 5 - Reside NUJURY AT WORK?	(Check only the 8 Ot 28d. C	24e. WAS AN PERFO 1 (X YES :	I AUTOPSY RMED?  2  NO  INJURY OCCU	24b. W All CCO OI 1	Interval Between Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION DF CAUSE F DEATH?  TYPES 2 NO
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shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or ebndition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined.  298. CETIFIER (Check only One) 2 MEDICAL EXAMINERS (Check only One) 1 CERTIFYING PNY: One) 2 MEDICAL EXAMINERS (Check only One) 1	a. Gunshot  DUE TO  b. DUE TO  c. DUE TO  d	WOUND  OR AS A CONSTITUTE OF THE PROPERTY OF T	S OF CL SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  1 28b. TIME INJUI 1:30  home, farm, str HOUSE death occurred for investigation,	the under the un	inde of dying, and neck  and neck  iying ceuse give  s. PLACE OF DEATH Home 5   Raeide  in NJURY AT WORK?   YES 2   No office	(Check only to a 8 Ot 28d. C.	24e. WAS AN PERFO 1 (X YES :  DOTO:  TOTO:	I AUTOPSY RMEO?  INJURY OCCUR Shot and Number of himont himon to the	24b. W. All CO. O. O	Interval Between Onset and Death Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined.  29e. CERTIFIER (Check only one)  2. MEDICAL EXAMIN	a. Gunshot  DUE TO  b. DUE TO  c. DUE TO  d	WOUND  OR AS A CONSTITUTE OF THE PROPERTY OF T	S O f CL SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  1 28b. TIME INJUI 1:30  home, farm, str HOUSE death occurred for investigation,	t anter the nest at the under the un	deta and place, and on, dasth occured a 29c. LICENSI	(Check only to a 8 0 to 28d. 0 St. LC Cl. 11 due to the cime, dt. NUMBER	24e. WAS AN PERFO 1 (X YES : LAUC RUM, State 2 Lauc Rum, State 2 Lauc Rum, and make and place, a	I AUTOPSY RMED?  INJURY OCCI Shot and Number of the content of the	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Between Onset and Death Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or ebndition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined.  298. CETIFIER (Check only One) 2 MEDICAL EXAMINERS (Check only One) 1 CERTIFYING PNY: One) 2 MEDICAL EXAMINERS (Check only One) 1	a. Gunshot DUE TO b. DUE TO c. DUE TO d	WOUND  OR AS A CONSTITUTE OF THE PROPERTY OF T	S O f CL SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  1 28b. TIME INJUI 1:30  home, farm, str HOUSE death occurred for investigation,	t anter the nest at the under the un	and neck  and neck  fyling ceuse give  s. PLACE OF DEATH Home 5   Reside  INJURY AT WORK?   YES 2   No office	(Check only to a 8 0 to 28d. 0 St. LC Cl. 11 due to the cime, dt. NUMBER	24e. WAS AN PERFO 1 (X YES : LAUC RUM, State 2 Lauc Rum, State 2 Lauc Rum, and make and place, a	I AUTOPSY RMED?  INJURY OCCI Shot and Number of the content of the	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Between Onset and Death Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes   NO  27. MANNER OF DEATN  1   Netural   S   Pending Investigation   Pendin	a. Gunshot DUE TO b. DUE TO c. DUE TO d	WOUND  OR AS A CONSTITUTE OF THE PROPERTY OF T	S OF CL SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  1 1 28b. TIME INJUITED AND A CONTROL OF SETTING A CONTROL	t anter the nest at the under the un	deta and place, and on, dasth occured a 29c. LICENSI	(Check only to a 8 0 to 28d. 0 St. LC Cl. 11 due to the cime, dt. NUMBER	24e. WAS AN PERFO 1 (X YES : LAUC RUM, State 2 Lauc Rum, State 2 Lauc Rum, and make and place, a	I AUTOPSY RMED?  INJURY OCCI Shot and Number of the content of the	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Between Onset and Death Onset and Death

1 - STATE REGISTRAR

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few foath. Page law to the law requires that the death of the attending physician and completely filled in by the funeral director. The few thin 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

YLAND 21203-3146

d by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.		
1. OECEDENT'S NAME (First, Middle, Last)	THUR	ora.			2. DATE OF I	DAY	YEAR	3. TIME OF DEATH
				I	2. DATE OF E	3	9/	IPLACE (State or Foreign
234-90-6131	□ M 2 👉 70		F UNDER 1 YEAR ONTHS DAYS	HOURE MIN.	(Month, De		Count	
9a. FACILITY NAME (If not institution, give stree PRINCE GEORGE, S MED. CI			CHEVE	OR LOCATION OF D	EATH		UNTY OF E	GEORGE,S
RESIDENCE OF DECEDENT		-						
VIRGINIA LOUIS	SA		E ONE BO	X 439 loui	sa.Virgi	na 23093		10d. INSIDE CITY LIMITS? 1. YES 2 \( \text{NO}\)
10e. STREET AND NUMBER		-		01. ZIP CODE 23093		10g. CI	S.A.	WHAT COUNTRY?
	2. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPA		pecify Yea or No-		E — American Indian, k, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			pecify Cuben, Mexico S 2 NO Specif		n, etc.)	Spec	
15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON mpleted)	16a. DECEDENT'S U	SUAL OCCUPAT	TON nost of working	16b, KIN	O OF BUSINESS/II		-AMPRICAN
	College (1-4 or 5+)	(Give kind of wo	retired.)	•				
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Midd	le, Malden Surname)		
JAMES WILLIS		73			JOSEPHI	NE WILLIS		
19a. INFORMANT'S NAME (Type/Print) DAUGHIER DOROTHEA MONS	TET TO			and Number or Rural			Zip Code)	
		DOLD IN		WY.RIVERDA		20c. LOCATION -	Chu or T	Panto
20a, METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remova  4 Donation 5 Other (Specify)	i from State	other prace)	LY CEME			LOUISA V		
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		JOHN	AND ADDRESS OF FA	ACILITY F.H. 117			
1 Janu	Think	>	0000			THEOR OLD		3093
cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF)	teris	sclerol	ac as	rdis o.	e-	e
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF)						٠
	cer of		olo			a. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
	IOSPITAL:		OTHER:	PLACE OF DEATH (C		nec/fv)		
27. MANNER OF DEATH  1 Antural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	NJURY AT YORK?		BE HOW INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, at necify)				ON (Street and Numb bwn, State)	ber or Rural	Ploute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:								(a) and manner as state
29b. SIGNATURE AND TITLE OF CERTIFIER	4	1 11		29c. LICENSE NU				D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	Print)	01287	9	1	J	7,1771
MEONSO VALLE	, M.D, 101	DEATH (ITEM 27) (Type, I	TON !	DR., LH	K60,	MD 2	207	72
31. DATE FILED (Morith, Day, Year)	Jaz. REGISTRAR'S SIG	GNATURE						

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DIVISION OF VITAL RECORDS, P.O. DOA 13149,	N	Afte	lear	E
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	王	E	100	8
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jury	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial. cremation. or n	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med

	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAN		RTMENT 0			MENTAI	HYGIEN REG. NO.	E 9	1 21	020
	1. DECEDENT'S NAME (First,	Middle, Last) RGIN	IA (NM)	TU	LRRE	4			2. DATE		1 1	EAR	OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX		rs. lest birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPLACE (St.	ate or Foreign
	059-24-8623		1 🗆 M 2 🗹 F	8	YRS.				6	- 28-	<u> </u>	ew York	
DIRECTOR	PRINCE G	EORGE	treet and number)  5 Hosp	ITAL	CENTE	96, CITY, TO	4 .	VER				NCE GE	ORGES
REC	10e. STATE	10b. COUNTY	1		10c. CI	TY, TOWN OR L	OCATION					10d. INSI LIMI	DE CITY TS?
	Maryland	Princ	e George	's	Mi	tchelv						1 11	3 2 NO
FUNERAL	10450 Lotts	ford F	Road. #1	02			101. ZIP CO	74				n of what cou d State	
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.			DECENDENT	OF HISPAN		7 (Specify Yes		RACE — Americ Black, White, at	
BY F	IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:												
ETED	(Specify only highest grade completed)  (Sive kind of work done during most of working life. Do NOT use retired.)  (Sive kind of work done during most of working life. Do NOT use retired.)												
COMP	12th		4	yrs.	Lib	rarian					Compa	ny	
18	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)  Guy H. Turrell  Ella Virginia Peek												
H	190 INFORMANT'S NAME (Fracibles) 190 MAI INC ADDRESS (Street and Allember of Court Allember Chicag Street 2072)												
12	Cornelia Sanders 10450 Lottsford Rd., #103, Mitch						chellv	ille, M	ld.				
	20a. METHOD CF DISPOSITION (Name of cometery, crematory or 1 - Buriet 2 to Greenward 3 - Removes from State other place)												
	4 Donation 5 Orber (Sports) Metropolitan Crematory Alexandria, Virginia												
	· Man	E/	817	h	_	FRAI	CIS C	GASCH'	'S SC		NERAL 20781	HOME, P	.A.
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fig.	eart fallure.	List only one ca	use on aacl	h line.					diac or reap	Iratory srree	int	proximate arval Batween set and Daath
	disesse or condition resulting in death)	<b>→</b>	8	- Y		~ f	new	mo1.	10				da
2		-	DUE IC	OH AS A C	ONSEQUENCE	OF):							
TIO	Sequentially list condit if any, leading to imme	diate	DUE TO	OR AS A C	ONSEQUENCE	OF):							
FICA	cause. Enter UNDERLY CAUSE (Disesse or Injuthat initiated events		c	OR AS A C	ONSEQUENCE	OF):							
CERTIFICATION	resulting in death) LAS	т	d	`									
C	PART II. Other significa	ant condition	na contributing to	o desth but	not resulting	in the unde	rlying ceus	e given in	Part I.	24a. WAS AF	AUTOPSY	24b. WERE AU	ITOPSY FINDINGS
S	000	Ci	relier	com	la f	fecial	ent			PERFO	RMED?		LE PRIOR TO TION OF CAUSE
MEDIC	Sul	rove-	In reml	0 -	Toch	y cond	12					100	S 2 NO
Z													
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	□ ED10-44		OTHER:	26. PLACE OF		-11-71-				
H	27. MANNER OF DEATH		1 Diripetient 2 26a. DATE O	F INJURY	28b. T	ME OF 28	Home 5 C		_		INJURY OCCU	IRED	
ВУ Р	1 Netural 5 2 Accident	Pending Investigation	(Month,	Day, Year)		M M	WORK?	2 NO					
	3 Suicide 8 Homicide	Could not be determined	28e. PLACE building	OF INJURY — 3, atc. (Specify	At home, farm	, street, factory	office			CATION (Street or Town, Stete		r Rural Route Num	ber,
COMPLETED	CONTROL ONLY		ER: On the basis of										nner as stated.
BE	29b. SIGNATURE AND TITL	E OE CERTIFIE		terd.	7 12	your		LICENSE NU	MBER 7 ?		29d, DATE	SIGNED (Month, L	Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CA	USE OF DEAT	H (ITEM 27) (Ty	pe, Print)	10001	nelt	Rd	# 101	Jes	brook	ms.
	31. DATE FILED (Month, Day	1 10 -	32. REGISTE	RAR'S SIGNAT	URE				1		4	d	20706
			Ma vurden	myluna	155Cm								

		1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)  GWENDOL	YN LILL	LIAN -	THURBER	2. DATE OF DEATH MONTH DA	AY YEAR 3. TIME OF DEATH
(F	1)	577-28-8381	1 🗆 M 2 🗡 F		UNDER 1 YEAR IF UNDER 24 HRS. INTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)     Washington DC
2, 3 sho	СТОВ	9e. FACILITY NAME (If not ignituation, give stre	Medical Ca	enter	S. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH
Service Transport	DIREC	10e. STATE 10b. COUNTY D. C. None			own on Location		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
permit.		10e. STREET AND NUMBER		11401	101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
iş.	FUNERAL	6510 - 8th Street			20012		United States
CUS-5146  If attending physician.  Use as the bunial-transit	BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS OECENDENT OF HISP. It yes, specify Cuben, Mexical 1 YES 2 NO Specify	can, Puerto Rican, etc.)	e or No- 14. RACE — American Indian, Black, White, etc. Specify: Black
AND ZIZUS-SI the hospital or attending detached for use as the once.	TED	15. DECEOENT'S EDUCA (Specify only highest grade c	ompleted)	16a. DECEDENT'S US (Give kind of won life. Do NOT use n	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY
ospital o	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Examiner		U.S. De	epartment of Labor
	00	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden	Surneme)
should be	d and d	George S. Gardner		T 405 MAN INC AL	Lilli:	an G. Chapm	
2 5 5		Charles S. Gardne	r		8th St. N.W.,		
may be		20a, METHOD OF DISPOSITION 1 🔀 Burlet 2 🗆 Cremetion 3 🗆 Remov	20b		ON (Name of cemetery, crematory of		OCATION — City or Town, State
age 6 ma director, p		4 Donation 6 Other (Specify)	I		morial Cemete		tland, Maryland
BALLIMORE, after death. Page 6 may by the funeral director, pag noval. cal examiner must b	1	Jan 9 1	n lym	n	McGuire Fune	ral Service	e, Inc. Washington, D.C.
in by the remo		PART i. Enter the diseases, Dr co ahock, Dr heart failure. L	emplications that caused ist only one cause on e	I the death. Do not ech line.	anter the mode of dying, so	ich sa cerdiec or reap	iretory arreat, Approximate interval Between
file file		iMMEDIATE CAUSE (Final disease or condition reaulting in death)		iac Arre	st		Onset and Death
P P P P P		<b>-</b> .	Mun	CONSEQUENCE OF):	Techouse 6	and Arches	4 0
JA 131 e be execut sician and c nior to bunit traumatic	CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR) AS A	CONSEQUENCE OF):	Ischema Coronas	4	and
ertificate to ing physici giene prio other tra		cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF:	tix Coronar	y Artera	Discose
of page 19	E	resulting in deeth) LAST					
0 = = = =		PART ii. Other significent conditions	contributing to death b	ut not resulting in	the underlying cause given i	n Part i. 24a. WAS AN	
Z and at C	일	Chronic Resp					RMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Law requires that as been signed bept. of Health 23 shows and	MEDIC	Vertitor Suffer	+ Advent	ed Chris	ine obstance	tre	1 TYES 2 NO
law Dept.	AN	25. WAS CASE REFERRED TO MEDICAL	Discoll,	Seizurl	28. PLACE OF DEATH (	Check only one)	
AN: The tifficate has e State O		EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		THER:  Nursing Home 5 Residence		
PHYSICI this cer with th	1 20 1	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED
OR ATTENDING I DIRECTOR: After hours after death		3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	At home, farm, stre	et, factory, office	281. LOCATION (Street City or Town, State	end Number or Rural Route Number, )
1 2 4 5 H	1 3 1	anal Maria			at the time, date end piece, end d in my opinion, death occured at t		nner ee stated. and due to the couse(e) and manner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	出	29b. SIGNATURE AND TITLE OF CERTIFIER	wan	2 Cemp	M.D. 29c. LICENSE N	UMBER	29d. DATE SIGNED (Month, Day, Year)
5	2	30. NAME AND ADDRESS OF PERSON WHO TAWFIK CHIA 30 2 CRESA	MI, MD		ini) -UTHERVILLE	MARYLA	N) 21093
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	dron-Randall			

M.

TO BE COMPLETED BY FUNERAL DIRECTOR

THE ROSHIN, OR ATTENDING PROCIOEN. The law magnines that the deem confined by the hos	TO THE FINERAL DIRECTOR. After the common has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	, cremation, or removal,	IMPORTANT. If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
dueth certificate be execute	attending physician and co	mits Hypame prior to buria	ry, or other traumatic
4: The law requires that the	cate has been signed by the	State Dipt. of Health and Mi	item 23 shows any inju
OR ATTENDING PHYSICAN	DIRECTOR: After this contiff.	hours after death with the	ttem 28 is marked, or
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: II

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENI REG. NO.	9	1 21022	
1. DECEDENT'S NAME (First, Middle, Last)	1191				2. DATE O	F DEATH	5 q	S. TIME OF DEATH B. 22 Am	
4. SOCIAL SECURITY NUMBER 577424447	5. SEX 6. AGE		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	Day Mond	2	BIRTHPLACE (State or Foreign Country) Carolina	
9a. FACILITY NAME (If not institution, give st		96	RIVE	r Location of o	EATH		9c. COUNTY	OF DEATH	
10a. STATE 10b. COUNTY								10d. INSIDE CITY LIMITS? 1  YES 2 7 NO	
10e. STREET AND NUMBER	000180 0 0	1010.		ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
3802 Crickett A	Venue			20747			USA		
11. MARITAL STATUS  1 Never Married 2 Married  3 Nidowed 4 Divorced	If yes, spe	ENDENT OF HISPAI celfy Cuban, Maxica 2 X NO Specifi	in, Puerto Rk		or No— 14.	. RACE — American Indian, Black, Whita, etc. Specify: Black			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	UAL OCCUPATIO done during mos stired.)	t of working	1115-5		INESS/INDUS				
12 Grounds Forema				18. MOTHER'S NA				Maryland	
John Terrell, Sr		Sarah I			Sumame)				
19a. INFORMANT'S NAME (Type/Print)	DRESS (Street ar	nd Number or Rural			n, State, Zip Co	ode)			
Marlene Terrell K	Silverg	ate Lane	e, Bov	vie, M	lary1a:	nd 20720			
2 Na. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cerm other place)								y or Town, Stata	
4 Donation 5 Other (Specify) Fort Lincoln Ceme 21. SIGNATURE, OF FUNERAL SERVICE LICENSEE				ery D ADDRESS OF FA	CILITY 17.	Brer	twood	, Maryland Funeral Home	
1. Caron	- Dyor		3401	Bladensl wood, Ma	ourg 1	Road		runeral Home	
23. PART I. Enter the diseases, or cahock, or heart failure.	complications that caused List only one causa on a	tha death. Do not ach line.	anter the mod	de of dylng, aud	ch ea cardi	ac or respi	ratory arree	t, Approximeta Interval Batween	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	2 nmla A.		shie	Curci	~~~	di	ne 42	Onset and Desth	
	DUE TO (OR AS A	CONSEQUENCE OF):							
Sequentisily list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other significant condition	e contributing to deeth b	out not resulting in t	the underlying	ceuee given in	Part I.	24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
						PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								1 1 1 1 2 1 1 10	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO	HOSPITAL:		THER:	ACE OF DEATH (CI					
27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY WOR					28d. DESC	CRIBE HOW I	NJURY OCCUP	RED	
2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe-	/ — At home, farm, streedly)		ZES 2 NO		TION (Street a Town, State)	and Number or	Rural Route Number,	
enel	CIAN: To the best of my know							cause(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NU				SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)	514		1		113/61	
W.BAIC			ens!	Ild L	Lem	wy			
JUL 18 '91	Julia Davidson-R	indell							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day,

y. Year) 1991

м	1 - STATE REGISTRAR	SINIE UT I	WANTLAN	CERTIF			DEATH	וט אונה		EG. NO.		01	21022
,	1. DECEDENT'S NAME (First, Middle, Lest)		ERINE .	A. ULE	CKIE	ck	ie		DATE OF D	EATN DAY	-91	YEAR	3. Tille of Destrict
	4. SOCIAL SECURITY NUMBER 578-24-1515	5. SEX 1  M 2  F	6. AGE (In yr.	s. last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 H	IN.	Month, Day	( Year)	08	Count	NPLACE (State or Foreign ny) NSYLVANIA
	9a. FACILITY NAME (If not institution, give a	treet and number)	05		9b. CITY	, TOWN C	R LOCATION C		AR. Z	+,15		NTY OF	
8	8505 SPRINGVALE	ROAD			SI	LVER	SPRIN	G			MON	TGOM	ERY
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION	_		-			10d. INSIDE CITY
L DIRECTOR	MARYLAND MOI	NTGOMERY			SIL		SPRING		LIMITS? 1 YES 2 NO				
RA	8505 SPRINGVALE	D V V D				101	ZIP CODE	910			10g. CIT		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER					ENDENT OF HI	ISPANIC O			or No-	US.	E American Indian.
¥	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES				2X NO S		erto Rican	, etc.)		Spec	k, White, etc.
윤	15. DECEDENT'S EDU (Specify only highest grade		164	. DECEDENT'S	work done	during mo	N st of working		16b. KIN	OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	TEACH					MON	rgomi	ERY (	COUN	TY SCHOOLS
8	17. FATNER'S NAME (First, Middle, Last)						16. MOTHER	'S NAME (					
H	HARRY GIBSON							OLIN					
2	19e. INFORMANT'S NAME (Type/Print)  JOAN G. DAVIS	(SIST)	ER)	3013			nd Number or F						20705
	26e. METNOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem 4 Donation Depth (Specify)	oval from State	of cem	ACE AND DAT etary, cremator RKLAWN	y or other p	olace)		7	/ 15				own, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIE			-	22.	NAME A	IS J.	OF FACILIT	γ				
	Muluu	1.100											.,MD. 20901
	23. PART Y. Enter the diseases, of shock, or heart fellure IMMEDIATE CAUSE (Finsi				not anta		340						Approximata Interval Batween Onset and Death
	disease or condition resulting in death)	S. DUE TO		NSEQUENCE C		(	and	0	ta.	u i	la,		
z		b. C	010	nar	~		ary	en	105	cla	900	212	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CO	NSEQUENCE C	F):								
5	CAUSE (Disesse or Injury	C	O (OR AS A CO	NSEQUENCE O	)F):								
E	that initiated events resulting in death) LAST												
S	DAPT II Ostan algolilland and distant	U	Assau e a C		1 0								
DICAL	PART II. Other significant condition	_	2 TO	not resulting	in the u	ndariyin	Ce C	en in Pari		PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Con Bou	Les	,				0-4	-	1[	YES 2	□ NO		OF DEATH?
Σ	- Co care	028											1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		_			26. PI	ACE OF DEAT	'H (Check o	nly one)				
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2	☐ ER/Outpatle	ent 3 🗆 DOA	4 DONU		e 8 🗆 Reside	ence 8 🗆	Other (Sp	eclfy)			
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE O		26b. TJ	-	28c. IN.			1. DESCRI	-	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(*********			М		YES 2 N	0					
G	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE building	OF INJURY I, atc. (Specify)	At home, farm,	street, fac	ctory, offic	•	281	City or To	N (Street a wn, State)	and Numbe	or Rural	Route Number,
COMPLET	one)	IICIAN: To the best of											
8	2 ISPMEDICAL EXAMIN		examination ar	no/or investigat	ion, in my	opinion, c				place, an			(a) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		0	-	-		29c. LICENS	E NUMBER	-11	_	29d. DA	TE SIGNE	D (Month, Day, Year)
9	30 NAME AND ADDRESS OF PERSON W	NO COMPLETED CAL	ISE OF DEATH	/ITEM 27) G-	Drint)		20	Ki	> ~	0		1	> 11

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	med within 12 mous are used with the Case copy. Or regard to other traumatic event, the medical examiner must be notified at once.
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光	HE SE	2
2	2	3 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH						
22237 2	STATE OF MA			MENTAL	HYGIEN REG. NO	
		368 1168 80 116	123337	2.4	SALE	20

91 21024 KANSARKAT,

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				SIENE 9	1 21024
1. DECEDENT'S NAME (First, Middle, ELEVA	ELENA UZI	NOF	10		2. DATE OF DEAMONTH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-12-9463	1 □ M 2 🖔 F 8		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, M Mar. 21	bar)	BIRTHPLACE (State or Foreign Country) Romania
9a. FACILITY NAME (If not institution Washington, RESIDENCE OF DECEDE	Adventist Hosp		L CITY, TOWN OF Takon	na Park	EATH	9c. COUNTY  Mon	of DEATH Leomery
Maryland 106.0	Montgomery		own on Location	ring			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1505 Oa	kview Drive		101.	20903			nent resident
11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 - NO		ify Cuban, Maxica	NC ORIGIN? (Spec n, Puerto Rican, e /:	ity Yea or No— 14.	RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)		ACCURATION AND ADDRESS OF	SUAL OCCUPATION k done during most entired.)	l of working		OF BUSINESS/INDUS	TRY
1-12 17. FATHER'S NAME (First, Middle, L.		nous	18. MOTHER'S NA	ME (First, Middle, I	Wn home Maiden Surname)		
Stelian A		da Ione	SCU or Town, State, Zip Co	rde)			
Mariana Dar	,					ring. Md.	,
20e: METHOD OF DISPOSITION 1 🖾 Buriel 2 🗆 Cremation 3 [ 4 🗆 Donation 5 🗆 Other (Specification of the control of the contro	Ramoval from State	Rock Cre	ION (Name of ceme	stery, crematory or		oc. LOCATION — CIN Washingt	y or Town, Stata
21. SIGNATURE OF FUNERAL SER		i)	22. NAME AND HInes/F	ADDRESS OF FA	Funeral	Home	. Spr. Md. 20
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	RATOR			1RE 1 strong	five Lu rear	Interval Batwean Onset and Death
PART II. Other eignificent co	nditions contributing to death	but not resulting in	tha underlying	cause given in	P	MAS AN AUTOPSY DERFORMED? YES 2 TIMO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C	heck only one)  6  Other (Spec	ify)	
27. MANNER OF DEATH  1 Natural 5 Pendir 2 Accident Investi		26b. TIME	RY WOI	IRY AT RK? ES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	RED
3 Suicide 6 Could 4 Homicide detarm	not be 28e. PLACE OF INJUR	IY — Al home, ferm, str ec/ly)	eet, factory, office		28f. LOCATION City or Town	(Street and Number or n, State)	Rural Route Number,
cont oray	3 PHYSICIAN: To the best of my kno						
296. SIGNATURE AND TITLE OF C	what m	)		29c. LICENSE NU	6 2	29d. DATE 5	SIGNED (Month, Day, Year)
TONY P. CAN	SON WHO COMPLETED CAUSE OF DI NAR LAT. M	D. 820	1 16 5	t, 5110	er spor	ig mi	20910
31. DATE FILED (Month, Day, Year)	32. REGIOTRAR'S SIG	NATURE Pandel	2			U	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jun's after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached a within 20 hours after death with the State Days of Heath and Mental Homers prior to hereal cremation or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours after	fined in by th	he medical
xecuted within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first state death with the State Dent of Health and Mental Hunders prior to beinal cremation, or removal	atic event, th
certificate be ex	ding physician a	other traum
that the death	d by the atten	iny Injury, or
law requires	has been signe	23 shows a
SICIAN: The	the State	d, or Item
ENDING PH	R: After this	s is marke
TIAL OR ATT	RAL DIRECTO	TANT: If Item 28 is
THE HOSP	THE FUNE	PORTANT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Hilda Voge							2. DATE OF DEAT	5 9	YEAR 3	7;00 A.
577-24-3941	5. SEX 1 ☐ M 2 🔀 F	6. AGE (In yrs. ia		IF UNDER 1 YEAR	-	R 24 HRS.	7. DATE OF BIRTH		Country)	ace (State or Foreign
e. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY, TOWI	OR LOCATI	ION OF DE			NTY OF DEA	
ebrew Home of Gre	ater Was	hington		Roc	cville	е		Mor	ntgome	ry
RESIDENCE OF DECEDENT			T 400 CITY	TOWN OR LOC	ATION					
aryland Montg	omerv		0.0	ckvill						Dd. INSIDE CITY LIMITS?
0e. STREET AND NUMBER			110		IOT. ZIP COD	E		10a, CIT		YES 2 NO
6105 Montrose Roa	d				208	352			JSA	
II. MARITAL STATUS    Never Merried 2   Merried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		II yes,	ECENDENT (	OF HISPAI	IIC ORIGIN? (Specifin, Puerto Rican, atc	y Yes or No-	14. RACE — Bleck, V Specify:	American Indian, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)			JSUAL OCCUPA ork done during		Ina	18b. KIND OF	BUSINESS/INC	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5 +	) //	ntist	retired.)			Art			
7. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, Me	iden Sumame)		
Morris Goldstein					Fa	annie	e Mille	er		
De. INFORMANT'S NAME (Type/Print)							Route Number, City or		Code)	
Adele Fein (Socia	I Servic						ckville		20852	
Burlet 2 Committee 3 Remo	1	other p	lace)	Memor:	al Ga	ardei	n Fa	alls Ch		,
H. SIGNATURE OF THE BALL SERVICE LICE	ENSEE 4	•			and addre		cility lberg Men	norial	Chape	ls. Inc.
pary 1	n. Ju	se		1170	Rocky	/ille	Pike, F	Rockvil	le, M	D 20852
23. PART I. Enter the disease, or cahock, or hear failure. I	lat only one cau	se on eech lin	- ur				a cardiac or r		reat,	Approximate Interval Betwee Onset and Deat 2 weeks
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST		(OR AS A CONSE								
	contributing to	death but not	Dal.	n the underly	mell Diso	given in	PEI	S AN AUTOPSY REFORMED?	A C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
Multi-infaret dief Controllul,	Htn,	De	Lusin	Drive		- 0	_			
Multi-infarct,	Htn,	De	lusi	DY ICL						
Multi-infarct,	HOSPITAL:	De ER/Outpetient	3 DOA	OTHER:			eck only one) 6  Other (Specify,	)	_	
		INJURY	3 DOA	OTHER: 4 Nursing H OF 28c, JRY		ealdence			CURED	

D35579 6121 MontroseRd, Rockeviller MD 20852 of Gtr. Wash 32. REGISTMAN'S SIGNATURE

29c. LICENSE NUMBER

31. DATE FILED (Month, Day, Year)

JUL 17 91

29 SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON Susan J. M. Ler,

29d, DATE SIGNED (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within \$2. Tours after death. Page 6 may be retained by the hos TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaich be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

31. DATE FILED (Month, Day, Year)

JUL 15

	FOR 1 - STATE REGISTRAR	STATE OF N			ICATE				IEN	TAL HYGIENI REG. NO.	9	1	21026
	1. DECEDENT'S NAME (First, Middle, Last)				4					ATE OF DEATH	J	YEAR	3. TIME OF DEATH
	_ CARMINE C.	. VALENT	E,			4		- 1	- Mari	7 - 13		91	8:35 am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	9 24 HRS.		ATE OF BIRTH			HPLACE (State or Foreign
	103-16-4968 9a. FACILITY NAME (If not institution, give of	1 M 2 🖵 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		Month, Day, Year)	9c. COU		YORK
DIRECTOR		OSPITIAL			2	1LV	ER	SP	R	ING			TGOMERY
S	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	MARYLAND MONTO	GOMERY			TAK		PARI						1 YES 2 NO
₹ I						10					_		WHAT COUNTRY?
FUNERAL	7409 CARROLL AVEN							0912			US		
5	11. MARITAL STATUS		T EVER IN U.S. AR							RIOIN? (Specify Yee erto Rican, etc.)	or No-	14. RAC Bla	CE — Americen Indien, ck, White, stc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR OATES					Specify:		, , , , , , , , , , , , , , , , , , , ,			elfy:
	3   Wildward 4   Divorced	WW I	I									WH	ITE
ED	15. DECEDENT'S EOUC (Specify only highest grade of				USUAL O			lna		16b. KINO OF BUS	INESS/INC	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	His	Do NOT u	se retired.)	ourning inc	30. 0. 10.70	119					*4.
4		4		COME	TROL	LER							
COMPLETE	17, FATHER'S NAME (First, Middle, Last)			00111	11101	22.22.1	16. MOT	HER'S NAM	AE (F	irst, Middle, Malden	Sumeme)		
											dariioiiio)		
BE	RALPH VALENTE					2 1 2 A 2		-	_	CURCIO			
6	190. INFORMANT'S NAME (Type/Print)  ROBERTA L. VALENT	E (DAUGH								Number, City or Town			ND 20912
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 34 Hame		20b. PLACE other pl	OF DISPO	SITION (N	eme of ce	metery, cre-	matory or		20c. LO	CATION —	City or	Town, State
- 1	4 Donation 5 Donation 32 Hame	PVIII FFOR SHATE	CALVA		EMET	ERY				WOOT	STDE	. N	EW YORK
	21. SIGNATURE OF PUHERAL SERVICE LICE	1200			22. FR	NAME A	IS J		LI	NS FUNE	RAL H	IOME	, INC.
-	and the same of th	ww											
		amaliantiana the	t coursed the de	oth Do									.,MD.20901
	23. PARTVENTER the diseases, b c shock, or heart milure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one car	use on each line	).	not enter	r the mo	oda of dy	/ing, auch	1 88	cardiac or reapi	ratory ar	reat,	Approximata Interval Batween Onset and Death
Z	shock, or heart milure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	use on each line	).	not enter	r the mo	oda of dy	/ing, auch	1 88	cardiac or reapi	ratory ar	reat,	Approximata Interval Batween Onset and Death
ATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	List only one car	use on each line	).	not enter	r the mo	oda of dy	/ing, auch	1 88		ratory ar	reat,	Approximata Interval Batween Onset and Death
TIFICATION	shock, or heart milure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Oue TO	use on each line	OUENCE O	OF):	r the mo	oda of dy	/ing, auch	1 88	cardiac or reapi	ratory ar	reat,	Approximata Interval Batween Onset and Death
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ICAL CERTIFICATION	shock, or heart milure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to	OR AS A CONSE	OUENCE (	OF):	Sur du	ede of dy	ving, auch	A Color	Cardiac or reapi	AUTOPSY IMEO7	reat,	Approximate Interval Batween Onaet and Death 2444
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BY PHYSICIAN: MEDICAL	shock, or heart millure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   VES 2     NO   27. MANNER OF OF ATH 1     Matural   5   Pending	DUE TO DU	OF INJURY — At he, etc. (Specify)	OUENCE COUENCE	OTHE 4 Number of Marreet, feed at the	nderlyin  26. P  FR: raing Hor  26c. IN  1 □  ctory, offi	LACE OF The 6 TO FORKY TYES 2	given in i	Part  26d.  26d.	I. 24e. WAS AN PERFOR 1 VES 2  Other (Specify)  I. DESCRIBE HOW II  City or Town, Street City or Town, Street	AUTOPSY MMEO?  NJURY OCCUPANT OF BEST AND AUTOPSY MADE OF THE PROPERTY OF THE	21 21 21 21 21 22 21 22 21 22 21 22 21 22 21 22 21 22 21 22 21 22 22	Approximate Interval Batween Onaet and Death 2444   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 944   10 94
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32. REGISTRAR'S SIGNATURE
Julia Davidson April 18

DALLIMONE, MANILAND	n 24 Surs after death. Page 6 may be retained by the host	ily filled in by the funeral director, page 5 should be detache ation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the funeral director, page 5 should be detached within 72 hours after death with the State Dect. of Health and Mental Horlene prior to burial, cremation, or removal.	I IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	- STATE REGISTRAR	SIMIL OF MA			CATE OF	DEATH	HENTA	REG. NO.		•	
	1. DECEDENT'S NAME (First, Middle, Lest)	,					MONT	OF OEATH	LY .	YEAR	3. TIME OF DEATH
	Cheryl A	nn Ventim	iglia				Jul	y 11,	1991		11:15 AM M
			AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign ry)
	217 00 9011	□ M 210 F	33	YRS.				19, 1			ington, DC
	9a. FACILITY NAME (If not institution, give street		24.41			R LOCATION OF DE	ATH			INTY OF D	
0	Shady Grove Adven-	tist Hosp	oltal		Roc	kville			Mo	ntgo	mery
E C	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCAT	ION			-		10d. INSIDE CITY LIMITS?
DIRECTOR	Maryland Montg	omery			Gaither	sburg					1X YES 2 NO
A	10e. STREET AND NUMBER				101.	ZIP COOE					WHAT COUNTRY?
FUNERAL	807 Quince Orcha	rd Blvd.				20878			Uni	ted	States
5		2. WAS DECEDENT E				ENDENT OF HISPAN			or No-	14. RAC	E — American Indien, k, White, etc.
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR				2 NO Specify				Spec	White
	15. OECEOENT'S EOUCAT	ION	16a, DEC	CEDENT'S U	SUAL OCCUPATION	N	181	. KINO OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade co	npleted) College (1-4 or 5+)	(Gh	re kind of wo Do NOT use	rk done during mo retired.)	st of working					
릴	11		Н	omema	ker			Owr	n Hon	ne	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
B	Charles R. Bass	tord				Lois					
2	19a. INFORMANT'S NAME (Type/Print)	-14-				nd Number or Rural F					MD 20878
	Donald E. Ventimi	giia	_			netery, cremetory or	vu.,				own, Siata
	1 XBurial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	il from Stala	other pla	ce)	netery	natury, Contractory or					rginia
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	1 33323		T OO NAME AN	D ADDRESS OF FA	CILITY				
	* Rahmet F	arrah	MOOI	L98	Bet!	nesda-Che	evy n Av	Chase,	Inc	. MD	/ 20814-3501
	23. PART I. Enter the diseases, or co	nplications that o	ausad tha da	eth. Do no	ot antar tha mo	da of dylng, suc	h ss car	dlec or resp	Iretory e	rrest,	Approximata
	shock, or heart fellure. Li	ot only one couse	on each line	-							Interval Between Onset and Death
	disease or condition resulting in daeth)	Bre	12	Lar	7926						2 xx12
	Tooling it devity	DUE TO (O	R AS A CONSEC	UENCE OF	:						1
NO	Sequentially list conditions, b.	OUE TO 10	R AS A CONSEC	NENOT OF							
ATI	If sny, leading to immediate cause. Enter UNDERLYING	002 10 (0	n AS A CONSEC	DENCE OF							j
FI	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEC	UENCE OF	:						
CERTIFICATION	resulting in daeth) LAST d.										
C	PART II. Other significant conditions	contributing to de	ath but not r	esulting is	the underlying	causa givan in	Part I.	24a. WAS AN		7 24	b. WERE AUTOPSY FINDINGS
DICAL					•			PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED								1 123	2 23 110		OF DEATH?  1 YES 2 NO
.: N											~
MAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only	one)			
SIC		HÓSPITAL: X Inpatient 2 ☐ E	R/Outpatient 3	□ DOA	OTHER: 4 - Nursing Horr	e 5 🗆 Realdenca	8 🗆 Oth	er (Specify)			Ψ.
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME	JRY WO	URY AT PRK?	28d. Di	EŞCRIBE HOW	INJURY O	CCURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation					YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	building, at	c. (Specify)	me, farm, s	ireet, factory, offic	•		y or Town, State		er or Rural	Route Number,
ĹĒI	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of -	y knowladna da	ath occurr	d at the time des	and place, and de-	to the -	auga(a) and m	nner co	teted	· · · · · · · · · · · · · · · · · · ·
COMPLETED	(Check only one) 2 MEOICAL EXAMINER:										(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	111	D 10			29c. LICENSE NU	MBER	^	29d. D/	ATE SIGNE	D (Month, Day, Year)
TO BE	land	MU,	WI	)		0336	8	6	▶ ,	July	11, 1991
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)	0	1.0	Di	de	3	m0 31850
1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAD	SIGNATURE_	1111	1 46/46	e 111	UB	, 10	011	( )	1.10 a/10 A
	.101 15 '91	guia Da	vidson A	odell.							
		45.5									

1	1. DECEDENT'S NAME (File	st, Middle, Last,	_	orev	Void					2. DATE MONTH	OF DEATH OF	w _ 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUI	MBER	6. SEX	-	yrs. last birthday)	IF UNDE	R t YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		6. BIRT	THPLACE (State or Foreign
	None		1 M 2 D F		YRS.	MONTHS	DAYS	HOURS	MIN. 39	(Month	Day, Year)	91	Coun	landons
	9a. FACILITY NAME (If not	institution, give	street and number)			9b. CIT	Y, TOWN O	R LOCATIO	-	TH	1-	9c. COU	NTY OF	C
S.	Holy Cro	35 Ac	Spefal			Sil	vers	DVIN	Q			Ma	fo	many
5	RESIDENCE OF DE	CEDENT						-	1					1
DIRECTOR	10a. STATE	106. COUN		1 -			OR LOCAT							10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBE		ce George	S	'	emba	e Hi					1 XYES 2 N		
RA	2900 St.		Desire				107.	ZIP CODE		0748				
FUNERAL	11. MARITAL STAYUS	CTall.	12. WAS DECEDER	NT EVED IN I	I O ADMED	1 40	WHO DEC	ENDENT OF			? (Specify Yes			States CE — American Indian,
BY	t Never Married 2 [ 3 Widowed 4 Di		FORCES?	I YES	2 NO	13		city Cubar		, Puarto F		or No	Bla	book, White, etc.  Black
ETED	(Specify of	ECEDENT'S ED	de completed)		16a. DECEDENT'S (Give kind of life, Do NOT o	work done	during mo:	N st of working	9	16b.	KIND OF BU	SINESS/IN	DUSTRY	
P	Elementary/Secondary	(0-12)	College (1-4 or 5	+)	Nor						Nor	ne.		
COMPL	17. FATHER'S NAME (First,	Middle, Last)						18. MOTH	ER'S NAM	IE (First, I	Alddle, Maiden			
	Clare	nce	Void					7	Tere	esa	WI	right		
) BE	19a. INFORMANT'S NAME	(Type/Print)			19b. MAILIN	G ADDRES			or Rural Re	oute Numi	ber, City or Tow	vn, State, Zi	p Code)	. // //
2	Cleveland	& Tere	sa Void		-	2	2	900	K	Cla	IND	,204	Ten	pleHI/IS MG
	20a. METHOD OF DISPOS 1 ☐ Burlel 2 Å Crema	ITION	movel from State	20b. F	PLACE AND DAT	TE OF DIS	POSITION	(Name		DAT				Town, State
	4 Donation 5 Oth	er (Specify)		_   Sül	pretary, cremator burban	Cren	ator					ver S	pri	ng, Marylan
	21. SIGNATURE OF FUNE		LICENSEE				NAME AN	FUNE:	ral s	um Serv	ices.	P. <i>P</i>	١.	
	23. PART i. Enter the	diseases, o	//. Ka	ft caused t	the daath. Do	22	933 G	ist	Aveni	ue,		r Spr	ring	, MD 20910
ICATION	23. PART i. Enter the shock, or iMMEDIATE CAUSE (I disease or condition reaulting in death)  Sequentially list confif any, leading to imm cause. Enter UNDER!	diseases, or haart failure	r complications the a. List priy pra ca	O (OR AS A C	CONSEQUENCE (	npt ante	933 G	ist	Aveni	ue,	Silve	r Spr iretory as	ring reat,	
CERTIFICATION	23. PART I. Entar the shock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condit any, leading to immoduse. Entar UNDERI CAUSE (Disease or it that initiated events resulting in death)	diseases, or haart failure	r complications the a. List prily pria ca a. Due To b. Due To c. Due To d.	O (OR AS A C	CONSEQUENCE (	npt ante	933 G or tha mo	ist da of dy	Aveni	Ue,	Silver	r Spi Veal	ring reat,	Approximata interval Betwee Onset and Deat
DICAL	23. PART I. Entar the ahock, or iMMEDIATE CAUSE (I disease Dr condition reaulting in death)  Sequentially list condit any, leading to immoduse. Entar UNDERI CAUSE (Disease or in that initiated events	diseases, or haart failure	r complications the a. List prily pria ca a. Due To b. Due To c. Due To d.	O (OR AS A C	CONSEQUENCE (	npt ante	933 G or tha mo	ist da of dy	Aveni	Ue,	Silver	r Spiretory are spiretory and are spiretory are spiretory are spiretory are spiretory are spiretory are spiretory and are spiret	ring reat,	Approximata interval Between
AN: MEDICAL	23. PART i. Enter the shock, or iMMEDIATE CAUSE (I disease or condition reaulting in death)  Sequentially list cone if any, leading to imm cause. Enter UNDER! CAUSE (Disease or it that initiated events resulting in death) LI  PART II. Other significations.	diseases, or haart failure	r complications the List pnly pna ca	O (OR AS A C	CONSEQUENCE (	npt ante	933 G or the mo	ist da of dy	Avening, auch	Part I.	Silver flac or reap	r Spiretory are spiretory and are spiretory are spiretory are spiretory are spiretory are spiretory are spiretory and are spiret	ring reat,	Approximata interval Betwee Onset and Deat  Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: MEDICAL	23. PART i. Enter the shock, or iMMEDIATE CAUSE (i disease or condition reaulting in death)  Sequentially list condit any, leading to immicause. Enter UNDER! CAUSE (Disease or it that initiated events resulting in death) L	diseases, or haart failure	r complications the a. List prily pria ca a. Due To b. Due To c. Due To d.	O (OR AS A CO) (OR	CONSEQUENCE (CONSEQUENCE (CONSE	npt ante	anderlying	ist da of dyl	AVENUE OF THE STATE OF T	Part i.	Silver flac or reap  24a. WAS AP PERFO 1   YES :	r Spiretory are spiretory and are spiretory are spiretory are spiretory are spiretory are spiretory are spiretory and are spiret	ring reat,	Approximata interval Betwee Onset and Deat  Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	23. PART i. Enter the shock, or iMMEDIATE CAUSE (idisease or condition reaulting in death)  Sequentially list condition if any, leading to immore cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death)  PART II. Other significations of the condition of	diseases, or haart failure	DUE TO  DUE TO	O (OR AS A CO) (OR	CONSEQUENCE (CONSEQUENCE (CONSE	npt ante	26. PI	ist da of dyid	AVENUMBER AVENUM	Part i.	Silver flac or reap  24a. WAS AP PERFO 1   YES :	r Spiritetory as	ring reat,	Approximata interval Betwee Onset and Deat  Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	23. PART i. Enter the shock, or iMMEDIATE CAUSE (i disease or condition reaulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDER! CAUSE (Disease or is that initiated events resulting in death) L.  PART II. Other aignifications in the condition of the condition	diseases, on haart feilium Final  ditions, nediata LYING njury AST  TO MEDICAL	DUE TO  DUE TO	O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO)	CONSEQUENCE CONSEQ	OF):  OF):  OF):  OF):  ME OFNURY M	26. PI	ace of Di	AVENUMBER AVENUM	Part i.	Silver  Silver	N AUTOPSY RMED?	ring reat,	Approximata interval Betwee Onset and Deat  Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ETED BY PHYSICIAN: MEDICAL	23. PART i. Enter the shock, or iMMEDIATE CAUSE (I disease or condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  CAUSE (Disease or in that initiated events resulting in death)  PART ii. Other aigniff  25. WAS CASE REFERRET EXAMINER?  1	diseases, on haart failure Final  distions, nediata Lying njury  AST  Cant condition  To Medical  Pending Investigation Could not be detarmined	r complications the List pnly pna ca  a. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. DOBRITAL: 1 Nipotient 2 28s. DATE O (Month, no 28s. PLACE building to 28s.	O (OR AS A CO OR AS A	CONSEQUENCE (CONSEQUENCE (CONSE	OF):  OF):  OF):  OF):  OTHE 4 N.  ME OF,  NJURY M.  , street, fa	26. Pt  LinderlyIng  28. Pt  Liveling Hom  28. INJ  ctory, office	da of dyida of district	AVENUE OF THE PROPERTY OF T	Part i	24a. WAS AN PERFO  1 YES:  1 (Specify)  9 CRIBE HOW  CATION (Street or Yown, State	N AUTOPSY RMED? 2 INJURY OX and Number	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	Approximata interval Betwee Onset and Deat  4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	23. PART i. Enter the shock, or iMMEDIATE CAUSE (I disease or condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  CAUSE (Disease or in that initiated events resulting in death)  PART ii. Other aigniff  25. WAS CASE REFERRET EXAMINER?  1	diseases, on haart feilium Final  ditions, nediata LYING njury  AST  Cant condition  To Medical  Pending Investigation Could not be detarmined	r complications the List pnly pna case. List pnly pna case. DUE TO b. DUE TO c. DUE TO d. D. D. D. D.	O (OR AS A CO OR AS A	CONSEQUENCE (CONSEQUENCE (CONSE	OF):  OF):  OF):  OF):  OTHE 4 N.  ME OF,  NJURY M.  , street, fa	26. Pt  LinderlyIng  28. Pt  Liveling Hom  28. INJ  ctory, office	da of dyi	AVENUE OF THE PROPERTY OF T	Part i. Part i. 28d. DE:	24a. WAS AN PERFO  1 YES:  1 (Specify)  9 CRIBE HOW  CATION (Street or Yown, State	N AUTOPSY RMED? 2 1 NO INJURY OR and Numbers and dua to	2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2	Approximata interval Betwee Onset and Deat  4b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

32. REGISTRAR'S SIGNATURE
Julia Davidson Fundale

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				YGIENE EG. NO.	91	21029	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATN		3. TIME OF DEATH	
	Mary M. VOLZ					July	8. 1991	YEAR	7:12 p. M	
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, De	BIRTN	6. BIRTH	PLACE (State or Foreign	
	212–16–0391	1 □ M 2 🔀 F	85 YRS.	ONTHS DAYS	HOURS MIN.	April	21, 1906		rvland	
	9a. FACILITY NAME (If not institution, give s			b. CITY, TOWN D	R LOCATION OF DE	ATN		NTY OF DE	EATH	
OR	Calvert Manor Nur	sing Home, In	c.	Rising	Sun, MD		C	ecil		
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c. CITY	TOWN DR LOCAT	IDN				10d. INSIDE CITY	
E	Maryland Harf			rchvill			LIMITS?			
ار	10e. STREET AND NUMBER	OLG	Gra		ZIP CODE		10g. CIT	CITIZEN OF WHAT COUNTRY?		
18	412 Calvary Road			2	1028			S.A.		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF NISPAN		pecify Yes or No-		— American Indian,	
	1 Never Married 2 Merried	FORCES? 1 YES			city Cuban, Mexicar 2 X NO Specify.		n, atc.)	Black Specif	N:	
BY	3 💢 Widowed 4 🗌 Divorced				1100				white	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U: (Give kind of wo	SUAL OCCUPATION rk done during mo- retired.)	N at of working	16b. KIN	ID OF BUSINESS/IN	DUSTRY		
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)								
M	7	0	postal	worker			. Postal	l Ser	vice	
8	17. FATHER'S NAME (First, Middle, Lest) George Mitchell						le, Malden Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)				Margar			1402		
2	Mr. David Volz				Shaliman			ip Gode)		
	20g. METNOD OF DISPOSITION	201	PLACE AND DATE O		-	DATE	20c. LOCATION -	Olfu on To	Plate	
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗔 Other (Specify)	loval from State	emetary, crematory of alvary M	r other place)	t Cometer	DATE 7/1	D / Characi	beed 1.1	wn, state	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	arvary I's	22. NAME AN	D ADDRESS OF FAC	CY //I	b/ Clurc	UATTI	Le, MD	
	· 1/ 11/1	2/		Tarr	ing-Cargo	o Fune	ral Home	, P.F	٨.	
- 7	Complet, W	, Gargo,			deen, Mar					
	23. PART i. Enter the diseases, or ahock, or heart failure.	complications that caused List only one cause on sa	the deeth. Do no ch line.	t enter the mo	de of dying, such	n ea cerdiec	or reepiretory e	rrest,	Approximats interval Between	
	IMMEDIATE CAUSE (Finel	Λ			0				Onset and Death	
J	disease or condition resulting in death)		consequence of:	scular	acc				dom	
	_	DUE TO (OR AS A	CONSEQUENCE DF):	2 4 3					10x148	
ON	Sequentially list conditions,	b. DUE TO OR AS A	CONSEQUENCE OF	1/13					(04/2	
F	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	CONSCOUENCE OF).							
윤	CAUSE (Diseese or Injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE DF):						1	
CERTIFICATION	resulting in death) LAST	4								
핑		d								
CAL	PART II. Other algnificent condition	na contributing to deeth bu	it not resulting in	the underlying	g csuse given in	Part I. 24	a. WAS AN AUTOPSY PERFORMED?	24b	WERE AUTOPSY FINDINGS :	
음						1	YES 2 ND		COMPLETION OF CAUSE OF DEATH?	
MEDI						_			1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL QTHER:	ACE OF DEATH (Chi	eck only one)				
YSI	1 TYES 2 NO	1 🗆 Inpetient 2 🗆 ER/Outpe	atlent 3 DOA	Nursing Hom	e 5 🗆 Residence		**			
PH	27. MANNER DF DEATH  1 Netural 5 Pending	26a. DATE DF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK?	26d. DESCRI	BE NOW INJURY O	CCURED		
BY	2 Accident Investigation				res 2 🗍 ND					
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, sti	reet, factory, offic		City or R	ON (Street and Number own, State)	er or Runal F	Route Number,	
F	anal	SICIAN: To the best of my knowle								
COMPLET	2 MEDICAL EXAMIN	ER: Dn the basis of examination	end/or investigation	, in my opinion, d	eath occured at the	time, data and	d place, and due to	the cause(s	a) and manner as stated.	
BE	286 SIGNATURE AND TITLE OF CENTIFIE	1 00 1	1		29c LICENSE NUM	BER SO	29d. D4	TE SIGNED	(Month, Day, Year)	
TO B	Millert	fellin hr			00	748	1	4141	1 - 1 - 1 - 1	
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	Λ.	. (						
	Harm	etn m		1134						
	31. DATE FILED (MINN, Day, Year)	32. REGISTRAR'S SIGNA	KTURE	/						

and from the

	FOR STATE REGISTRAR		CERTIF	RTMENT O	F HEALTH AN OF DEATH	D MENTAL HYGIEI		4	1030	
	1. DECEDENT'S NAME (First, Middle, Last) JOHN	John Wesle		Sciver VANCIV		2. DATE OF DEATH	9	WA AM	11ME OF DEATH 09:49 p	м
2)	4. SOCIAL SECURITY NUMBER  147-12-1244  9a. FACILITY NAME (If not institution, give s	1¥5 M 2 □ F 67	(In yrs. last birthday) YRS,		EAR IF UNDER 24 HF AYS HOURS MH	sept. 17,	1923	Country) Ne	W Jersey	
DIRECTOR	UNIVERSITY HOSP RESIDENCE OF DECEDENT 100. STATE 100b. COUNT	ITAL		BALT	IMORE	FDEATH	BAL!	PIMOI		_
		lington		elanco				12	Od. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	722 Chestnut Str	eet	HIS ADMED	T 12 WAG	08075		U	SA ———	AT COUNTRY?	
ED BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 XYES IF YES, OIVE WAR OR DA WWII, Army A	²□NO AJES Lr Force	1 🗆	s, specify Cuban, Ma YES 2 X NO Sp	SPANIC ORIGIN? (Specify Ya xican, Puarto Ricen, alc.) pecify:	e or No 14	Black, W	American Indian, this, atc.	
COMPLETE	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us Letter	work done durin se_retired.)	g most of working	U.S.	Postal		vice	
BE CO	17. FATHER'S NAME (First, Middle, Last) Harold K. Van Sci	.ver			Edit		vell			_
TO BE	190. INFORMANT'S NAME (Type/Print) Ruth D. Van Scive	er	722 C	hestnu	reet end Number or Ru it St., D	elanco, N.J	State, Zio C	<b>0</b> 75		
	20e. METHOD OF DISPOSITION (X) Burlel 2 Cremation 3 Name 4 Donation 5 Other (Specify)	oval from Stata cem	PLACE AND DATE OF OUR	lationa	1 Cemete	ry 7-25-91	Bever	ly, 1	N.J.	_
	21. SIGNATURE OF FUNERAL SERVICE LIC	McCouro	ATT	131	l/Cokesb	cComas III ury Road, A	bingdo	n, M	me, P.A. d. 21009	
SATION	23. PART i. Enter the diseases, or a shock, or heart failure.  iMMEDIATE CAUSE (Finei disease or condition resulting in death)	alkews	the Teath. Do rech line.	te		Page		t,	Approximata Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	c	CONSEQUENCE OF							
MEDICAL	PART II. Other algorificant condition	a contributing to deep bu	111111	menge	/ 1	in Pert i. 24a. WAS AN PERFOI	RMED?	CO OF	RE AUTOPSY FINDINGS ALL ABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 M ER/Outpe	effect 3 DOA	OTHER:	B. PLACE OF DEATH			l		-
ву рну	27. MANNER OF DEATH  Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Dmy, Year)	29b, TIMI	E OF 28c.	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED		
ETED 6	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Specific	— At home, farm, a	street, factory,	office	281. LOCATION (Street City or Town, State)	and Number or	Rural Route	Number,	
COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC PHYSI	CIAN: To the best of my knowle R: On the basis of exemination	idge, death occurre and/or investigatio	n, in my opinio	date end place, end on, death occured at	due to the cause(s) and mai	nner as stated.	ause(s) an	d manner as atated.	-
TO BE C	201_ANDNATURE AND TITLE OF CERTIFIER	Aff			29c. LICENSE I		29d. DATE SI	GNED (Mo	/ 1991	-
	FAMIL S	DENELL	TH (ITEM 27) (Type, PENN STR		BALTIMORE		V /	/ <u> </u>		1
	\$1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA					2.12.01	-		-

OHMH-16 Rev 1/89

	1. DECEDENT'S	ohe		George	Robert	Georg	e Var	nden	burg		2. DATE MONTH	IG-	WIQQ	YEAR	3. TIME OF DEATH
)	4. SOCIAL SEC 273-2	1	ER	5. SEX	6. AGE (in y	rs. last birthday)  5 YRS.	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE (Month	OF BIRTH	1926	Counti	Ohio
POR	HAr	ford	Me	reet and number)	spit	101	HA	TOWN O		ON OF OE	ATHY	nce		NTY OF O	
DIRECTOR	Maryl		10b. COUNTY	Cecil		10c. CIT	Y, TOWN O		ION Ville	e					10d. INSIDE CITY LIMITS? LXYES 2 NO
FUNERAL (	10e. STREET A	NO NUMBER	d Str						ZIP CODE				10g. CITI	U.S	WHAT COUNTRY?
B	11. MARITAL S  1 Never Me 3 Widowed	TATUS	Married	12. WAS DECEDE	1 X YES 2	2 NO	- 1	If yes, spe		n, Mexican	, Puerto F	? (Specify Ye tican, etc.)	es or No—	14, RACI	E — American Indian, k, White, etc.
COMPLETED						Give kind of the Do NOT u	work done ( se retired.)	CCUPATIO	ON st of workin	ng	1	Aberde Aberde	een Pr	rovi	ng Ground land
BE COM		win Ir	win V	andenbur	g					I	Loui	Middle, Maider se Bav	man		
10	19a. INFORMALE 1	sie B.	Vand	enburg		1	Richr	mond	Str					ary1	and 21903
	4 Donation 21. SIGNATURE			ENSEE	_   R.A	A. Ferr			D ADORE	SS OF FAC		/91 We			er, Pennsy
	23. PART I.	mag	M. Fo	HELOO7	at coused th	he deeth. Do	Pe	erry	ville	e, Ma	aryl.				Home
SATION	iMMEDIATE disease or or reaulting in Sequentially if any, lead cause. Ente	Enter the dishock, or his condition death)	Issessea, or cannot fellure.	b	Mende for as a co	h iine.	not enter	erry the mo	ville da of dy	e <u>Ma</u> Ing, euch	aryl.	and	piretory en	reat,	Approximata interval Betwe Onset and De
CERTIFICATION	IMMEDIATE disesse or o reaulting in Sequentially if any, leadi	Enter the di shock, or hi CAUSE (Fire condition death)  I list condition to immer r UNDERLY! ease or injud	iseesea, or of eart fellure.	e. Smile oue of	O (OR AS A CO	the line.	Penot enter	erry the mo	ville da of dy	e <u>Ma</u> Ing, euch	aryl.	and liec or read	piretory en	reat,	Approximata interval Betwe Onset and De
4: MEDICAL CERTIFICATION	immediate disease or or resulting in Sequentially if any, lead cause. Ente CAUSE (Distinct initiate resulting in	Enter the di shock, or hi CAUSE (Fir condition death)  r list condition or underty under underty underty under death) LAS	iseesea, or or eart fellure.	e. Smile oue of	HIS ON BEACH	ONSEQUENCE CONSEQUENCE CONSEQU	Penot enter	erry r the mo	ville da of dy	e, Ma	aryl.	and liec or real	N AUTOPSY PRINCES	rout,	Approximata interval Betwe Onset and De
MEDICAL	IMMEDIATE disease or creatiting in Sequentially if any, lead cause. Ente CAUSE (Disthat initiate resulting in PART II. Ott	Enter the dishock, or his cause (Financial International I	seesea, or cart fellure.	DUE TO CONTRIBUTION OF THE	O (OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	Penot enter	erry the mo	villed da of dy	e Maing, euch	Part I.	24a. WAS A PERFC	N AUTOPSY PRINCES	rout,	Approximata interval Betwe Onset and Dei Ons
PHYSICIAN: MEDICAL	IMMEDIATE disease or resulting in Sequentially if any, leading cause. Ente CAUSE (Disthat initiate resulting in PART II. Ott	Enter the dishock, or his cause (Fire ondition death)  Illat condition death)	seesea, or of and fellure.  Idons, diate NG Iny T Int condition  O MEDICAL  Pending	e. DUE TO	O (OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	Penot enter	erry the mo	da of dy	e Maing, euch	Part I.	24a. WAS A PERFC	N AUTOPSY PAMED 2	reat,	Approximata interval Betwe Onset and Dei Ons
D BY PHYSICIAN: MEDICAL	IMMEDIATE disease or resulting in Sequentially if any, leadi cause. Ente CAUSE (Disthat inhitate resulting in PART II. Ott	Enter the dishock, or his condition death)  Illet cond	seesea, or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea of the seesea or of a art fellure.  Identify the seesea or of the seesea or of a art fellure.  Identify the seesea or of the seesea or of a art fellure.  Identify the seesea or of the seesea or of a art fellure.  Identify the seesea or of the seesea or of a art fellure.  Identify the seesea or of the seesea or of a art fellure.  Identify the seesea or of the seesea or of a art fellure.  Identify the seesea or of	E. DUE TO C. DUE	O (OR AS A CO O	ONSEQUENCE CONSEQUENCE CONSEQU	Penot enter	erry the mo	C 111 da of dy	e Maing, euch	Part I.	24a. WAS A PERFO	N AUTOPSY PINGERS 2 NO 1 NAJURY OC	244	Approximata interval Betwe Onset and Dei Ons
D BY PHYSICIAN: MEDICAL	IMMEDIATE disease or creating in Sequentially if any, leadi cause. Ente CAUSE (Disthat initiate resulting in PART II. Otter 1   VES   27. MANNER C   1   Accid   3   Suick	Enter the dishock, or his condition death)  Illet cond	seesea, or of and fellure.  Is all all all all all all all all all al	e. OUE TO b. DUE TO c. DUE TO d. HOSPITAL: 17 inpatient 2 28e. DATE (Month, 26e. PLACE building	O (OR AS A CO O	onsequence of the state of the	Penot enter	r the mo	Q Ceuse :	e Maing, euch	Part I.	24e. WAS A PERFC  1 YES  ATION (Streege from, State)	N AUTOPSY PMED 2 NO 1 INJURY OC 1 INJURY OC 1 INJURY OC 1 Ind Number 1	241 CCURED OF OF Rural	Approximata interval Betwe Onset and Del Ons
BY PHYSICIAN: MEDICAL	IMMEDIATE disease or resulting in Sequentially if any, leadi cause. Ente CAUSE (Disthat initiate resulting in PART II. Ott PART III. Ot	Enter the dishock, or his cause or injudents death)  REFERRED T 17 2 100 F DEATH IS CORP. THE CO	Seesea, or of and fellure.  Is a	e. OUE TO DUE TO	O (OR AS A CO O	onsequence of on	Penot enter  OFF:  OFF:  In the ur  OTHE!  4   Num  ME OF  JURY  M  street, fac	26. Pt. R: rsing Hom 26. INJ witter, data opinion, d	g ceuse g	e Maing, euch	Part I.  Part I.  26d. OEther  28f. LOCChy  to the cautima, dete	24a. WAS A PERFO  1 YES  ATION (Streeg or rown, State)  Luse(e) and m	N AUTOPSY PRMED?  INJURY OC  INJURY OC  Injury och and Number  and due to til	24I  CCURED  YOR RURAL  TE SIGNET	Approximata interval Betwe Onset and Dei Ons

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an extension of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
5	F	M
THE	THE FEET	0
2	22	3

MARYLAND  10e. STREET AND NUMBER	ER		ΓΛ							YEAR	
229-74-2118 90. FACILITY NAME (If not in: 14700 WE FRESIDENCE OF DEC 100. STATE MARYLAND 100. STREET AND NUMBER	ER		A van	OGTRO	P				14. 1		12:30 A
9e. FACILITY NAME (If not in:  14700 WE RESIDENCE OF DEC 10e. STATE MARYLAND 10e. STREET AND NUMBER		8. SEX		s. last birthday)	IF UNDER 1 YEAR			7. DATE OF BIRTN		8. BIRTHPLA	CE (State or Foreign
14700 WE RESIDENCE OF DEC 100. STATE MARYLAND 100. STREET AND NUMBER	stitution, also s	1 🗆 M 2 🔀 F	80	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Year) MAY 4. 1	911	Country) HOLLA	ND
MARYLAND  10e. STREET AND NUMBER	intabon, give o	treet and number)			9b. CITY, TOW	N OR LOCATI	ON OF DE			TY OF DEAT	
MARYLAND  100. STREET AND NUMBER	STBUR	Y ROAD			ROCKV	ILLE			MONT	GOMER	Υ
	MOI	NTGOMERY		10c. Cl	ROCKVI						d. INSIDE CITY LIMITS?
	TBURY	ROAD				101. ZIP COD	€ 853			EN OF WHAT	
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE Y	YES 2	NO	If yes,		nn, Mexica	IIC ORIGIN? (Specify to, Puerto Rican, etc.)	fee or No	14. RACE — Black, W Specify:	American Indian, htte, etc. WHITE
15. DEC	EDENT'S EDU	CATION completed)	16:		Work done during		na	16b. KIND OF E	USINESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5		NURSE	use retired.)	nost of work		MEDICA	L		
17. FATHER'S NAME (First, M	ddle, Last)					18. MOT	NER'S NA	ME (First, Middle, Meid	en Surname)	_	
HYACINTH		POVEL				Al	NNA	POV	OL	BIE	GEL
19a. INFORMANT'S NAME (7)				19b. MAILIN	G ADDRESS (Stre	et and Number	r or Rural F	Route Number, City or 1	bwn, State, Zip	Code)	
DR. JOHN B.	M. vai	n OGTROP		14700	WESTBU	RY ROA	AD, I	ROCKVILLE	, MARY	LAND	20853
20a. METHOD OF DISPOSITI	ON n 3 🗆 Rem	oval from State			E OF DISPOSITE y or other place)	ON (Nama		DATE 20c.	LOCATION (	City or Town,	State
4 Donation 5 Other	(Specify)		_ GA	TE OF	HEAVEN	CEMETI	ERY	SI	LVER S	PRING	MARYLA
21. SIGNATURE OF WHERE	SERVICE LI	CENSEE C			FRAN	AND ADDRE	COI	LLINS FUN BLVD.,	ERAL H	OME,	INC.
disease or condition resulting in death)  Sequentielly list condit if sny, leading to immeceuse. Enter UNDERLY! CAUSE (Disease or Injut that initiated events	diate NG	b. ATELEO DUE TO PREUM	CIASIS CORASACO CORASACO	ONSEQUENCE (	OF):						Week
resulting in death) LAS  PART II. Other significs	nt condition	d.  ns contributing to  Disease	death but	not resulting	in the underly	ring cause	given in	PERF	AN AUTOPSY ORMED?	AM CO OF	ERE AUTOPSY FINDING AILABLE PRIOR TO MIPLETION OF CAUSE DEATH?  YES 2 1-NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		2/2	OTHER:	PLACE OF					
1 TYES 2 TO		1 ☐ inpatient 2					esidence	8 Other (Specify)	W IN PLEASE SEC	ounes.	
1 Natural 5	Pending Investigation	(Month,	Day, Year)	28b. Ti	JURY	INJURY AT WORK? YES 2 [	□ NO	28d. OEŞCRIBE HO	W INJURY OCC	CURED	
3 Suicide 8	Could not be determined	28e. PLACE building	OF INJURY — , etc. (Specify)	At home, ferm	, street, factory, o	ffice		28f. LOCATION (Stre City or Town, Str		or Rural Rout	a Number,
anal ciny								to the cause(s) and i			nd menner se stated.
29b. SIGNATURE AND TITLE							ENSE NUI				onth, Day, Year)
Edward 7	1 Cull	les W				290. 010	LNOC NO		<b>&gt;</b>	7/15/	71
EDWARD F.							11	5 CHEVY C			

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Linst)  VANCE ANGE IN	AY YEA	and the second second					
	4. SOCIAL SECURITY NUMBER 5. S		dez st birthday) Fi	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a	IRTHPLACE (State or Foreign puntry)
ron	9a. FACILITY NAME (If not institution, give street as Prince George's Hosp RESIDENCE OF DECEDENT	nd number)	96.		R LOCATION OF DE	ATH	9c. COUNTY (	erto Rico F DEATH  George 's
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Prince (		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER		Capita		ZIP CODE		1.00	OF WHAT COUNTRY?
BY FUNERAL	1 Never Married 2 Married	VAS DECEDENT EVER IN U.S. & FORCES? 1 YES 2 FOR DATES		13. WAS DECI If yes, spe 1 AYES	city Cuban, Maxica	ic ORIGIN? (Specify Yen, Puerto Rican	1 1	RACE — American Indian, Black, White, etc.
once. COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compile temperature)  Elementary/Secondary (0-12)  Col  Unknown	eted) (0 life lege (1-4 or 5+)	ECEDENT'S USU.  The kind of work of the NOT use refuse.  Chool	done during mos ired.)	N It of working		siness/industr	
BE BE	17. FATHER'S NAME (First, Middle, Last)  Unknown  19a. INFORMANT'S NAME (Type/Print)	115	b. MAILING ADD	DRESS (Street a	Juan	ME (First, Middle, Melder a Lopez Poute Number, City or Tov		9)
examiner must be notificated TO	Iarry Valdez  20e, METHOD OF DISPOSITION  1 X Buylet 2 Cremation 3 Removal f  4 Ponetich 6 Other (Specify)	rom State 20b. PLACE other p	826 Sha	dy Gle N (Neme of cent orial	n Dr. Ca	pital Hts	MD 2 DOCATION — City of	0743
ry, or other traumatic event, the medical	23. PAF I. Enter the diseases, or comp shock, or heart failure. List of indicate the condition resulting in death)  Sequentially list conditions, if any, lasding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OULTO	acy	Arre	1 farce		Approximate Interval Betwa Onset and De
hows any inju	PART II. Other significant conditions con Service Cardison Deholy Mellete	sopalty/	resulting in th	ne underlying	couse given in	Broco	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
YSICIA		SPITAL: Inpetient 2 ER/Outpetient 26s. DATE OF INJURY		HER: Nursing Hom		8 Other (Specify) 28d. DESCRIBE HOW	IN HIEV OCCURE	in .
m 28 is marked ETED BY PI	1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Dey, Year)  28e. PLACE OF INJURY — At houlding, etc. (Specify)	INJURY	M 1 🗆 Y	RK? 'ES 2 NO	281. LOCATION (Street City or Town, State	and Number or R	
If item	cool city	To the best of my knowledge, d						uas(s) and manner as stated.
IMPORTANT: TO BE COI	296. SIGNATURE AND TITLE OF CERTIFIER	n.B.			29c. LICENSE NUI	ABER 987	29d, DATE SIG	NED (Month, Day, Year)
-10	30. NAME AND ADDRESS OF PERSON WHO CO	MPI ETED CALISE OF DEATH /IT	FM 27) (Time Prin	٠				/ /

46	physician
21203-3146	or attending
	nlta
	thy the hos
MARY	ratained
-	2
Ш	764

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Se. FACILITY NAME (If not institution, give street and number)

Prince George Hospital

4. SOCIAL SECURITY NUMBER

577-72-6357

CAROLYN S.

1 M 2 F

1 -

U
13146,
BOX
P.0.
RECORDS,
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2

DIRECTOR burial-transit permit. Pages 1, 2 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George Hyattsville FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 7212 East Forest Road 20785 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HIS 1 Never Married 2 Married If yes, specify Cuban, Me 1 YES 2 XNO Se B 3 Widowed 4 Divorced use as the 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION (Specify only highest grade complete COMPLET 10 ntary/Secondary (0-12) College (1-4 or 5+) detached File Clerk years 17. FATHER'S NAME (First, Middle, Last) Eddie Walker 2 Man notified at 띪 funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Re 7212 East Forest Ro Marie Walker pe METHOD OF DISPOSITION

Burial 2 Cremation 3 Rer 20b. PLACE OF DISPOSITION (Name of come must Harmony Memorial Park 4 Donation 5 Other (Specify) BALTIMOF within 24 nours after death. Page 6 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF 4804 Georgia leuns filled in by the fi medicei 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final and completely filled to burial, cremation, o \$ disease or condition resulting in death) massive hepatocellular event. DUE TO (OR AS A CONSEQUENCE OF): executed atelectasis at CERTIFICATION quentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician a Health and Mental Hyglene prior to Congestion PULMONATY CO DUE TO (OR AS A CONSEDUENCE OF): CAUSE (Disease or injury other that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause giver MEDICAL shows ony this certificate has been with the State Dept. of I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | No 1 YES 2 NO HOSPITAL DR ATTENDING PHYSICIAN: FUNERAL DIRECTOR: After this certifica within 72 hours after death with the Siz ursing Home 5 - Reside 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 28 4 🔲 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and THE HOSPITAL OF THE FUNERAL DE MINI 72 M 2  $\square$  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death oc 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE BE Attended Physician

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JON H. YABLONOWITH,

91 2

31. DATE FILED (Month, Day, Year)

JUL

32. REGISTRAR'S SIGNATURE

Sulia Tavidson Pandall

91 2	1	0	3	4	
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STATE OF MA			CATE				MENT		YGIENE EG. NO.	9	1	21034		
NS.	WALI	KER					MO	TE OF C		YEAR 91	3. TIME OF DEATH 3: 15PM M			
SEX 6.	AGE (In yrs. less	birthday) YRS.	IF UNDER 1 Y	DAYS	IF UNDE	MIN.	a. BIRTHPLACE (State or Foreign Country) Gordon, Ga.							
end number) oital			9b. CITY, TO		verl		EATH		George					
e George			, town or atts							10d. INSIDE CITY LIMITS? YES 2 N				
Road				101.	207					10g. CITIZ		VHAT COUNTRY?		
P. WAS OECEDENT E FORCES? 1 T IF YES, GIVE WAR	YES 2 N		lf y	res, spe		an, Mexic	SPANIC DRIGIN? (Specify Yea or No— stean, Puerto Rican, etc.)  14. RACE — American Ind Stack, White, etc.  Specify: Black							
ion inpleted) College (1-4 or 5+)	(Gi	ve kind of w Do NOT us	usual occi work done duri e retired.)	ring mo	at of work			N	one	INESS/INDI	USTRY			
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		7212	East	Fo	rest	Rd.	, H		tsvi	lle,M	id.			
of from State	from State  20b. PLACE OF DISPOSITION (Name of connectory, cromatory or HATTIONY Memorial Park  20c. LOCATION — City or Town, State Landover, Md.										d.			
SEE ,	um	1	480	04 (	Geor	gia	Ave	.,N	.W.,		,D.	.H. C. 20011		
massiv	on each line										eat,	Approximate Interval Betwee Onset end Dec		
atele	ctasis	at	- 101	we	rl	obe	_(	bot	16 1	ung:	3)			
PULM 1 DUE TO (0	R AS A CONSE	DUENCE OF	7:	.5[[	עע	u	rtje	1	Luc	mu				
contributing to de	eath but not r	esulting (	n the unde	ertylni	g csuse	given i	n Part i		PERFOR	MED?	248	D. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
OSPITAL:	70.00.00.00		отныя:			OEATH (C								
28s. DATE OF IN (Month, Day,	JURY	28b. TIM	4 Mursin E OF 2: URY M	Sc. INJ	URY AT ORK?		_			JURY OCC				
28e. PLACE OF I	INJURY — At he c. (Specify)	me, ferm, i	itreet, factor	y, offic					ON (Street a own, State)	nd Number		Route Number,		
N: To the best of m					leath occ	ured et th	ne time,					e) end manner ae stafed		
	4+000			Len	29c. LI	2 T	OT	7		29d. DATE	7/9	(Month, Day, Year)		
COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Print)	764	17	Rol,	Imp	01	Jeo	6000	1	no 20706		

DHMH-16 Rev 1/89

permit.

use as the burial-transit

detached for

page 5 should

funeral director,

the 24 hours after

in by

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the attending physician Mental Hygiene prior to

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within marked, After the 69 DIRECTOR: A Pours after d FUNERAL I = TO THE HOSPITA
TO THE FUNERA
De filed within 7.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) ALBERT E. J. WALUKONIS 2. DATE OF DEATH 3. TIME OF DEATH July 19,1991 WALUKONIS Eugene Joseph 02:16 A 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) MARCH 5, 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 204-20-2511 1 XM 2 F PENNSYLVANIA 1928 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DOCTORS COMMUNITY HOSPITATI. LANHAM Prince George's RESIDENCE OF DECEDENT 10. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? PRINCE GEORGES MARYLAND BERWYN **HEIGHTS** 1 YES 2 NO FUNERAL 10. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7603 VILLANOVA ROAD 20740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify: WHITE WWII COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

(Silva kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) MANAGEMENT ANALYST DEPT. OF ARMY once. 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) ADOLPH WALUKONIS notified at CATHERINE BALKUS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 SARA E. WALUKONIS (WIFE) 7603 VILLANOVA ROAD, BERWYN HEIGHTS, MARYLAND 20740 Pe 20s. METHOD OF DISPOSITION
1X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must GATE OF HEAVEN CEMETERY ☐ Donation a ☐ Other (Specify) SILVER SPRING, MARYLAND 21. SIGNATURE OF PURERAL SE examiner FRANCISADDRESS COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090 medicai complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata re. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onaat and Daath disease or condition 20,00 WIND resulting in death) DUE TO (OB AS A CONSEQUENCE OF): CERTIFICATION Sequentially llat conditions, DUE TO (OB AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING M R CAUSE (Disease or injury that initiated eventa resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any T TES 2 NO shows OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO ntient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) a Could not be datarmined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of manufaction and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manuar as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE \$IGNED (Month, Day, Year) 91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT 27) (Type, Print) SUDHAKAR PUNJA, M.D., P.G. HOSPITAL, CD DEPARTMENT, CHEVERLY, MD 20785 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Julia Davidon Randase 22 '91

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lambra leads to face 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed finds within 72 hours after death with the State Dept. of Health and Mental Hygene prior ib burial, cernation, or removal.  IMPORTANT: If hem 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR  1. OECEDENT'S NAME Finet, Middle, Last)	STATE OF N	CE	ERTIF	ICATI	OF	DEAT	ГН		REG. NO	). 		3. TIME OF DEATH	36	
	Rall	10/	Law	19 Y	va	4	DiV	25	MONT		DAY	169	1 1011	7 "	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTI	PLACE (State or Form	olgn	
	242-50-0675	1 □ M 2 😾 F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 6, 1936			Washington, D.(		D.C	
~	9a. FACILITY NAME (If not institution, give str				R LOCATI					INTY OF C	NTY OF DEATH				
DIRECTOR	Holy Cross Hospita	1			Silver Spring,						Mont	tgome	ery		
E	10e. STATE 10b. COUNTY	10c. Cl	ry, town	OR LOCAT	ION						10d. INSIDE CITY				
	Maryland Montg	G16	Glenmont								1 YES 2 N	10			
FUNERAL	10e. STREET AND NUMBER					101.	ZIP COO						WHAT COUNTRY?		
NE NE	12817 Layhill Ro					Ц.	2090					ited States			
ВУ	1. MARITAL STATUS  1. Never Married 2. Married  3. Widowed 4. Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X			If yes, spe		an, Mexic	Hy:			Spec	4. RACE — American Indian, Black, White, etc. Specify: American Indian		
CD.	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	ENT'S USUAL OCCUPATION					16b. KIND OF BUSINESS/IN			INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	)		I kind of work done during most of working to NOT use retired.)					Tourism					
MP	1.2  17. FATHER'S NAME (First, Middle, Last)	4		Olisu	Itan	L		taring as	NAME (First, Middle, Maiden Surname)						
S	William Martin								Shipp		n Surname)				
BE	19a INFORMANT'S NAME (Trop/Distr)										wn, State, Z	'ip Code)			
5	Dale Wing			1281	7 Lay	/hill	L Roa	ad	Glen	mont,	Mary	land	20906		
	20a_METHOD OF DISPOSITION 1   Yourle  2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)   Chelsea Presbyterian Cemetery   Chelsea, Montana														
	22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, In 7400 Georgia Ave. N.W. Wash											20012 ton, D.C.			
CERTIFICATION	Approximate abook, or heart failure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL (	PART II. Other algolificant condition	In the u	ndgriyin V	g cause	given in	In Part I. 24s. WAS AN AUTOPSY PERFORMED?			24	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF	DEATH (C	heck only o	prie)		-			
YSI	1 ☐ YES 2 NO	1 M Inpatient 2	ER/Outpatient 3	DOA	4 Nu		10 5 🗆 R	lasidence	6 🗆 Oth	ner (Specify)					
	27. MANNER OF DEATH  1 M Netural 5 Pending		28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY			WC	URY AT		28d. DI	EȘCRIBE HOV	INJURY O	CCURED			
ED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE O	street, fee	M 1 YES 2 NO				281. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eath occu	rred at the	time, dete	and plac	e, and du	e to the c	ause(a) and n	nanner as si	tated.			
MO	2 MEDICAL EXAMINE												(a) and manner as st	isted.	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIES	n Ca	lho	M	n	<del>/\/-</del>	29c. LIC	ENSE NI	DMBER 28	181	29d. DA	7/15	D (Mynth, Day, Year)		
200															

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crema	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,
o.	r certif	nding Hygier	or oth
ORDS, P.	s that the death	ned by the afte	any injury, o
REC	aw require	been signer, of Hea	3 shows
VITAL	IAN: The I	rtificate has	or item 2
N OF	NG PHYSIC	fter this ce	marked,
OISINIC	OR ATTENDI	DIRECTOR: A	tem 28 Is
	THE HOSPITAL	THE FUNERAL filed within 72 h	IPORTANT: If I
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RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	waw requires that the death certificate be executed within the control of the companies that the death certificate be executed within the control of the companies of the control of the c	s been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prove	pt. of Health and Merital Hygiene prior to burial, cremation, or removal.	about our injury or other temporals around the medical aversion must be notified at once
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	FOR		-4-504 AND 4								0.1	210	27
	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / Ce		ICATE OF			MENTA	REG. NO.	E	91	210	31
	1. DECEDENT'S NAME (First, Middle, Last)	veinbe	rx					2. DATE MONT	OF DEATN	9	YEAR 3.	TIME OF DEATH	A
	4. SOCIAL SECURITY NUMBER				IF UNDER 1 YEAR	IF UNDER	24 NRS.	7. DATE OF BIRTN 8. BIRTNPL			A. BIRTNPL	ACE (State or Fore	ian
	183-20-3551	1 <b>X</b> XM 2 □ F	80	YRS.	MONTHS DAYS		MIN.	12-	10-10		Country)	ylvania	-
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATIO	ON OF DE	ATN			TY OF DEAT		
DIRECTOR	Hebrew Home of Greater Washington Rocky					llle				Mont	tgome	ry	
3EC	10a. STATE 10b. COUN	10c. CI1	TY, TOWN OR LOC	CATION					10	Dd. INSIDE CITY			
ā	Maryland Montgomery				otomac						10	X YES 2 N	10
A	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?	
E	11508 Hornfair	Court				2085	4			Unit	ted S	tates	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 PM WAR OR DATES	MED NO	If yes,	ECENDENT O specify Cube ES 2 TR NO	n, Mexice	n, Puerto	4? (Specify Yes Ricen, etc.)	or No—	14. RACE — Black, V Specify:	American Indian White, atc.	3,
0	15. DECEDENT'S ED		18a. DE	CEDENT'S	USUAL OCCUPA	TION		186	. KIND OF BUS	NINESS/INDL	USTRY		
ETED	(Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5	(G	ive kind of	work done during ise retired.)	most of working	g						
7	Elementary/Secondary (0-12)	2		nist				l N	fusic				
COMPL	17, FATNER'S NAME (First, Middle, Last)		7.20	-1110	-	18. MOTI	HER'S NA		Middle, Maiden	Sumama)			
Ö	Abraham Weinber	œ					phia		madic, mercer	Juliania			
0	19a. INFORMANT'S NAME (Type/Print)	5	190	b. MAILING	G ADDRESS (Stree		_		ber City or Tow	n State Zin	Code1		
2	Carla Satinsky				B Hornfa							20854	
	20a. METNOD OF DISPOSITION		20b. PLACE other pla		SITION (Name of	cemetery, cren	natory or		20c. LO	CATION — C	City or Town	, State	
	20a. METNOD OF DISPOSITION 1—Burial 2 Cresiation 3 Interest Description 8 Distance (Specify)	nover from same			Cemeter				Col	llinge	dale,	PA.	
	21. SIGNATURE OF PURIFIAL BENTICE I	THE H	ie		DANZ		-GOI	DBEF				ELS, IN MARYLAN	
	23. PART i. Enter the disease of	complications th	net caused the de	eth. Do								Approximat	
	23. PART i. Enter the diseased, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final												
	disease or condition	alla	heima	1	s die	ase						1 yes	ars
	resulting in deeth)	DUE DUE	OR AS A CONSE	OUENCE (	OF L						**		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									week			
5	If any, leading to immediate couse. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):												
F	resulting in deeth) LAST	d											
-	PART ii. Other algnificent condition	ann anntalbuthan t	to death had and	latin in	I a About and a A	tion - Color						1	
¥				4		(C)	given in	Part I.	24a. WAS AN PERFO!		A	VERE AUTOPSY FIN MAILABLE PRIOR T	ro
ĕ	TURP 1970 ,	Recur	rent vol	Uul	US OT	70ms	٧	-	1 TYES 2	No		OMPLETION OF CA	IUSE
M	NIDDW										1	YES 2 N	0
S.													
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF D							
YSI	1 TYES 2 NO		☐ ER/Outpatient 3	DOA	OTHER:	ome 8 🗆 Re	esidence	8 🗆 Oth	er (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE C (Month,	Day, Year)	28b. TII	ME OF 28c.	INJURY AT WORK?		28d. DE	SCRIBE HOW	NJURY OCC	URED		
ВУ	1 etural 5 Pending 2 Accident Investigation	,			M 1	YES 2	NO						
ED E	3 Suicide 8 Could not b	28e. PLACE building	OF INJURY — At he g, etc. (Specify)	ome, farm,	stree1, factory, o	Mice		281. LOC	CATION (Street or Town, State)	and Number	or Rural Rou	ite Number,	
E	4 Homicide determined								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PLE	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best	of my knowledge, de	eath occur	rred at the 1ime, d	ate and place	, and due	to the ca	iuse(s) and ma	nner as state	ed.		
COMPLET	one) 2 MEDICAL EXAMI											ind manner as ato	ated.
	216. VIGNATURE AND TITLE OF CERTIF	IER N				29c, LIC	ENSE NU	MBER		29d DATE	E SIGNED A	Month, Day, Year)	
BE	Ausan Om	ull	ma				355		1	<b>•</b>	711	2/01	
2	30. NAME AND ADDRESS OF PERSON V	VNO COMPLETED CA	LINE OF DEATH ATE	M 9'D /Ton	o Chint)				5	<u> </u>	110	7171	

2 \_\_\_ MEDICAL\_EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. D355 NATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) MNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PE Ry, Rodevillens 20852 Miller, ma Gtr. Wash. 6121 Montrose 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE

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TO BE COMPLETED BY FUNERAL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: it liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page S should be detached for use as the burial-transit per	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detached for use as the burial-transit per
ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT				MENTAI	HYGIEN REG. NO		91	21031
	1. DECEDENT'S NAME (First,	A .		RISCOE V			SR.			2. DATE MONTH		Ž -	YEAR 3.	830A M
	4. SOCIAL SECURITY NUMBER 577-26-7876	ER	5. SEX	6. AGE (In yrs. last bir			1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH T, Day, Year)	924	Country)	IGTON . D . C .
H 1	90. FACILITY NAME (If not ins HOLY CROSS					9b. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING					9c. COUNTY OF DEATH  MONTGOMERY			
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CI	10c. CITY, TOWN OR LOCATION								d. INSIDE CITY LIMITS?
7	MARYLAND MONTGOMERY  10a. STREET AND NUMBER			S	SILVER SPRING  10f. ZIP CODE				10g, CITIZEN OF W				YES 2 NO	
BY FUNEH	10100 DEVER  11. MARITAL STATUS  1 Never Married 2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	Married	12. WAS DECEDEN FORCES?	TEVER IN U.S. AI	RMED NO		If yes, sp	ENDENT	0903 OF HISPA an, Maxica Special	NIC ORIGIN	i? (Specify Ye Rican, atc.)		USA  14. RACE — Black, W  Specify: WHIT	American Indian, Thita, etc.
LE I ED	(Specify only Elamentary/Secondary (0-	EDENT'S EDU highest grade	CATION completed) College (1-4 or 5	+)	Give kind of a. Do NOT u	S USUAL O work done use retired.)	during mo	st of work		16b	KIND OF BU	ISINESS/IND	DUSTRY	
COMPLE	12 17. FATHER'S NAME (FIRST, MICHARD CO	-	MAIIRU	DIS	TKIC	T CA	B DR	18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
IO BE	19a. INFORMANT'S NAME (7) MABEL V. WO	pe/Print)						nd Numbe	r or Rural	Route Num	ber, City or Tov			20903
	MABEL V. WOODBURN (WIFE) 10100  20a. METHOD OF DISPOSITION 1 Burlet 2/C/Cremetton 3 Removal from Stata 4 Donation 5 Other Ground						OSITION place)	(Name		DAT	E 20c. LC	OCATION -	City or Town,	Stata
	21. BIONATURE OF FUNERAL	W C	allo			F	RANC	IS J		LLIN	S FUNE	ERAL I	HOME,	
	23. PART Lenver the disease or condition resulting in deeth)	ert fallule.	Liet only one ca	ot coused the duse on each lin	e. 7	not enter			/ing, aud	ch ee cen				Approximete Interval Between Onset and Death
ERIFICATION	Sequentielty list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  PREVIOUR CE. 1  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS													
MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO OF DEATH?							ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 PNO						
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO	O MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 D Nu	R:			heck only o				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation				28b. Ti	М	1 🗆	JURY AT ORK? YES 2	□ NO		SCRIBE HOW			
ETED	4 Homicide	Could not be datarmined	building	OF INJURY — At I g, atc. (Specify)					10200	City	CATION (Street or Town, State	0).		e Numbel,
COMPLET	(Check only one) 2 MED	ICAL EXAMIN												nd menner as stated.
O BE	29b. SIGNATURE AND TITLE	10	1/					29c. LI	38	MBER >43	5	29d, DAT	TE SIGNED (A	fonth, Day, Year)

32. REGISTRAR'S SIGNATURE
Chillia Davidson Randalle

31. DATE FILED (Month, Day, Your)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, ore	IMPORTANT: If them 29 to marked or them 23 shows any injury or other traumatic must
F	工号	Cal
2	무용	2

1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. I	NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	DAY	YEAR	3. TIME OF OEATH
JAMES		WARD			7/10/	91	, EAL	6.25 PM W
4. SOCIAL SECURITY NUMBER 578-50-9804	1, M 2 D F	8E (In yra. lest birthday) 32 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1908	Nort	h Carolina
	GLADYS N. SPELLMAN NURS CARE			OR LOCATION OF OR	9c. COUNTY OF DEATH PRINCE GEORGE			
10a. STATE 10b. COUNTY D. C. None			, TOWN OR LOCA		L			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
			ZIP COOE	10g. CITIZEN OF WHAT				
	811 Quincy Street N.W.  11. MARITAL STATUS 12. WAS DECEDENT EVE			20011				States
3 XWidowed 4 Divorced	FORCES? 1 YE	S 2 NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc., y:		Specif Black	
15. OECEDENT'S EDU (Specify only highest grade		(Give kind of )	USUAL OCCUPATE	ON ast of working	16b. KINO OF	BUSINESS/II	NOUSTRY	
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) 5+	Social	se retired.)	•	D.C. S	uperi	or Co	urt
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai			
					e Tavlor			
George Ward  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or	Town, State, 2	Zip Code)	
George Ward		811 Ou	incy St	. N.W.	Washingto	n, D.	C. 20	011
20s, METHOD OF DISPOSITION 1 Disposition 3 Rem	and toon State	20b. PLACE OF OISPOS				LOCATION -		
4 Donation 5 Other (Specify)	IOVAI ITOM STATE	Lincoln M	[emorial	Cemeter	y Su	itlan	d, Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE LI	m hm	2	McGu		ral Servi			ton, D.C.
e3. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Post	n each line.				apmatory (		Approximate interval Betwee Onset and Dest
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								mouth
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	S A CONSEQUENCE OF	F):					
PART II. Other significant condition	na contributing to deat	h but not resulting	In the underlyin	a cause alven in	Part I. 24s. WAS	AN AUTOPS	Y 24b	WERE AUTOPSY FINDINGS
Coreviou	resules k	1 e calent			PER	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   M6  27. MANNER OF DEATN								
EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (CA	topes			
27. MANNER OF DEATN  1 Natural 5 Pending	1 Dippetient 2 ER/C  28a. DATE OF INJUI (Month, Day, Yes	RY 28b, TIN	IE OF 28c. IN	JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. OE\$CRIBE HO	OW INJURY O	OCCUREO	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, Specify)			281. LOCATION (Str City or Town, S		ber or Rural I	Route Number,
ann's	SICIAN: To the best of my lu ER: On the basis of examina							) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	/ A+	Herely 1		29c. LICENSE NU	MBER ) 79	29d. D	7/11	(Month, Day, Year)
DON H. YABLO	אולודנ, א	0, 10300	Creer	relt Rd	H191,	/est^	0 4/4	ma
31. DATE FILED (MONE). 39. 1991	32. BEGISTRAPES &	door-Randal	2					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the post of the flux of the first state that the law requires that the death certificate be been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND	er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detache val.	il examiner must be notified at once.
도 돈은 요	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fours at	F FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by d within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or rem	HTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic

,	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPA	RTMENT OF	HEALTH AND	MENTAL HYG		91	2104	
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES AL Flan La 5. SEX   6. AGE (6)	AN WINE.  UINE  (In yrs. lest birthday)	25		2. DATE OF DEAT	TH DAY	YEAR 9/	3. TIME OF DEATH  8:05 A  PLACE (State or Foreign	
r	015 10 1560	1 2 F	38 YRS.	9b. CITY, TOWN		(Month, Day, Ye. 5-30	9c. COUN	of DE deri	• EATH	
DIMECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	rederick	Mt. AU	CATION		7.00	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
LONEHAL	100. STREET AND NUMBER 14646 Peddico					1771			HAT COUNTRY?	
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	I IF YES, GIVE WAS OR DATES			ECENDENT OF HISPAI specify Cuban, Maxica ES 2 NO Specif	an, Puarto Rican, etc		Black, Specify	14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade on Elementary/Secondary (0-12)		CUPATION 18b. KIND OF BUSINESS/INDUSTRY							
BE CON	17. FATHER'S NAME (First, Middle, Last) Eugene R. Wines					AME (First, Middle, M a Appleg				
10	18a. INFORMANT'S NAME (Type/Print) Eugene R. Wines		1464	16 Peddic	e and Number or Rural Cord Rd.,	Mt. Air			1	
	29e. METHOD OF DISPOSITION 16 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Restriction of Chip or Town, Memorial Gardens  7 Restriction - City or Town, Restriction of Chip or Town, Memorial Gardens  8 Frederick, Memorial Gardens									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Home, P.O. Box Frederick, Maryland 21702							1819		
	23. PART I. Entar tha diseases, or cor shock, or heart feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one couse on ea	d the death. Do each line.	Arr	node of dying, aud	ch as cardiac or	reapiratory arr	eat,	Approximate interval Between Onset and Da	
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Recent syncope, mellari use,  Schizophrenia							-	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
SICIAL		HOSPITAL:	natiant 3 DOA	OTHER:	PLACE OF DEATH (C/		4.4			
ВУ РНУ	27. MANNER OF BEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b, TI	TIME OF 28c. I	INJURY AT WORK?		HOW INJURY OCC	CURED		
- 75	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	f — At home, farm	n, street, factory, of	fica	28t. LOCAT:ON (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	anal city	IAN: To the best of my knowl : On the basis of examination							and manner as stated	
M M	29b. SIGNATURE AND TITLE OF CERTIFIER	Chrooks	the r	20	29c. LICENSE NU	MBER 5/8-3	29d. DATE	E SIGNED	(Month, Day, Year)	
2	Ali J. A	Fronkteh	1 30	pe, Print) 00 W G	7th St,	Fred	erick,	MI	2/70.	
- 17	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGN	ATURE		/		,			

DHMH-16 Rav 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	with	plete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	rent,
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TO BE COMPLETED

29a. CERTIFIER (Check only one)

ANDREW

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIEN REG. NO.	_	1 2104		
	1. DECEDENT'S NAME (First, Middle, Last)	WILLIAM F. W	OODS			2. DATE OF DEATH DO	TH DAY YEAR			
	217-46-2486	217-46-2486 XXM2□F 43 YRS.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7 Country	VIRGINIA		
TOR	9a. FACILITY NAME (If not institution, give street and number)  1808 RIDGE RD.  RESIDENCE OF DECEDENT			9ь. CITY, TOWN C	FORD	EATN	9c. COUNTY OF DEATN HARFORD			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	FORD		Y, TOWN OR LOCAT			10d. INSIDE LIMITS' 1  YES			
	100. STREET AND NUMBER	Ridge Rd.		101	21132		10g. CITIZEN OF WA			
BY	11. MARITAL STATUS 1 Never Married 2 X X Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DEC If yea, apo	Black,	— American Indian, White, atc. TTE				
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Sive kind of a B. Do NOT us		ON st of working		SINESS/INDUSTRY			
	17. FATNER'S NAME (First, Middle, Last)		MECH	ANIC		AME (First, Middle, Maiden	MOBILE Surname)			
TO BE	OLIVER R. WOODS    EDITH MILLER   198. INFORMANT'S NAME (Type/Print)   19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	20a. METHOD OF DISPOSITION  20a. METHOD OF DISPOSITION (Name of cemetery, cremetory or State Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or SLATE RIDGE CEMETERY 7/13 DELTA, PA									
	21. SIGNATURE OF FUNERAL SERVICE LICE	4			NS F.H	.INC., DE	ELTA, PA	.,17314		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
N	Sequentially list conditions,				+ De	20017				
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTI	resulting in death) LAST		she	les h						
4: MEDICAL	PART il. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO									
PHYSICIAN:		HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatient	3 🗆 DOA	OTHER:	LACE OF DEATH (C	heck only one)  6  Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		M 1 .	YES 2 NO	28d. DE\$CRIBE NOW	INJURY OCCURED			
ED E	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm,	street, factory, offic	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

29c. LICENSE NUMBER

29c. LICENSE NUMBER

29c. LICENSE NUMBER

29c. LICENSE NUMBER

7/12/91

PRON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

NOWAKOWSKI, N.D., 125 N. MAIN ST., BEL AIR, MD, 21014

32 April Straps Signature

June Davidson—Rendere

BALTIMORE, MARYLAND 21203-3146

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	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	Afte	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E .
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	FOR STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT				MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Micidle, Las	) Frank	Asbury	v Wi	.lburr	ı			2. DATE MONT Ju	-	199	YEAR	3. TIME OF DEATH 8:00 A.M
	4. SOCIAL SECURITY NUMBER 235-22-5445	5. SEX 1 (X.M 2 [] F	6. AGE (In yrs. lat 84	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE (Mont Jul	OF BIRTH th, Day, Year) Y 22 1	906	8. BIRTH Country	PLACE (State or Foreign  W. Va.
NO.	90. FACILITY NAME (If not institution, give  Dennett Ma	,			9b. CITY,		klan		ATH			rret	
DIRECTOR	100. STATE 10b. COUNTY W. Va.	Prest	on	10c. CI	TY, TOWN O		rra	Alta					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER	5 2nd St.				10	I. ZIP COO	_	764		10g. CITI		/HAT COUNTRY?
0	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF I VES 2 IN MAÑ OR DATES		1	f yes, sp	ecity Cubi	ın, Mexica	n, Puerto	N? (Specify Yea Ricen, etc.)	or No-	14. RACE Black Specifi	, white, etc.  White
COMPLEIED	15. DECEDENT'S EI (Specify only highest gra Elementery/Secondery (0-12)		+) (G	live kind of Do NOT u	work done of use retired.)	during mo	st of worki	ng	181	Elemen			cation
	17. FATHER'S NAME (First, Middle, Last)	Walter	Wilburn	1			18. MOT			Middle, Meiden White			
10.01	190. INFORMANT'S NAME (Type/Print) Catherine A.	Wilburn	19							iber, City or Town			
	20e. METHOD OF DISPOSITION 1X Burlel 2 □ Cremetion 3 □ Re 4 □ Donetion 5 □ Other (Specify)	moval from State	20b. PLACE other p	(nnn)	erra P				У		cation —		wn, State
	Orthur H.	Wrist	at		Ar	cthu		Wri	ght	Funera Terra			inc. 7 26764
	23. PART i. Enter the disesses, o ehock, or heart failure immediate CAUSE (Final disesse or condition resulting in death)	s. MYOC	at caused the deuse on each line	nfar	ction		ds of dy	ing, auc	h as cer	diec or respi	iratory arr	reat,	Approximate interval Between Onset and Death minutes
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	U	COSCLE <sub>TO</sub>		OF):								years
	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	O (OR AS A CONSE	OUENCE (	OF):								
	PART II. Other significant condition prostatecancer					given in	Pert I.	24e. WAS AN PERFOR 1 TYES 2		24b.	24b. WERE AUTOPSY FINDINGS ARALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
DICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	DOA	OTHER	₹:	LACE OF E			ne) er (Specify)			
	27. MANNER OF DEATH	28e. DATE O	F INJURY Day, Year)	28b. TH		28c. IN.	BURY AT			SCRIBE HOW I	NJURY OC	CURED	

8 Could not be determined

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28e. DATE OF INJURY (Month, Day, Year) 5 Pending Investigation

28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one)

BY

BE COMPLETED

2

Accident

3 Suicide

4 Homicide

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner se stated.

and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner se stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

D26650

29d. DATE BIONED (Month, Day, Year) 7/16/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

Margaret A. Kaiser, M.D. P.O.Box 486 Oakland, Md 21550

16ar)

32 REGISTRAR'S SIGNATURE

reconnected distressesses

and the feet of the

FOR STATE REGISTRAR

Miria

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

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1 - M 2 XF

6. AGE (In yrs. last birthday,

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BAN HOBOTTS MONTGOMERY DIRECTO RESIDENCE OF Pages 10a. STATE 10c. CITY, TOWN OR LOCATION SPR VER permit. FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 70 6 209 en soned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of Health and Mental Hygiene prior to burial, cremation, or removal. 24 hours after death. Page 6 may be retained by the hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO BY 3 Widowed 4 Olvorced NAVY COMPLETED OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete College (1-4 or 5+) ecretari 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Mide MIGMIN RILEY MCKIN notified at BE INFORMANT'S NAME (Type/Print) CON St. pe 1/2ª METHOD OF DISPOSITION
Burial 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name must ☐ Donation 8 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1001 ARMORY medicai 23. PART I. Enter the disasses, or complications that ceused the deeth. Do not anter the mode of dying, such as cerdiec or respiretory shock, or haert failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** SEPSIS item 23 shows any injury, or other traumatic event, the disease or condition reaulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): NTEST NAL
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially llat conditiona, if any, leading to immediate cause. Enter UNDERLYING ELONYO SARCON 2 ENCOPERITOREM CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 1 TYES 2 NO requires GUNDL this certificate has been with the State Dept. of I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 TYES 2 THO OTHER: patient 2 - ER/Outpatient 3 - DOA OR ATTENDING PHYSICIAN: Home 5 Residence 8 - Other (Specify) 4 🗆 Nun marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 26c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED TO THE FUNERAL DIRECTOR: After this cobe filed within 72 hours after death with iMPORTANT: If Item 28 is marked, 1 Matural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 4 Homlelde 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: TO THE HOSPITAL 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day) BE 223 2 30. NAME-ANO AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ILVER 210 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE nouth while Davidson 1111 31 '91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

a BIRTHPLACE (State or Foreign Country)

WASHINGTON

10d. INSIDE CITY

20853

1 XYES 2 NO

HITE

Neral Hon ANKL

Approximata interval Between Onaet and Daeth

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

YEAR 91

9c. COUNTY OF DEATH

3. TIME OF DEATH

10:30

REG. NO.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Der

DHMH-t8 Rev t/89

	st, Middle, Last)	0 . (		CERTIF	1.				MONT	OF OEATH	DAY	YEAR	3. TIME OF DEATH
	ine	Kade		Waj	Sor	)			July		1991		1:35 P
4. SOCIAL SECURITY NUM 232-68-032		6. SEX	6. AGE (In yrs. 86	lest birthday) YRS.	MONTHS	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE NOV	of BIRTH h, Day, Year) .5, 19	04	Count	PLACE (State or Foreign ry) Virginia
9a. FACILITY NAME (# not Frostburg	g Villa				96. CITY, 1 Fro		on Locati	ON OF DE	EATH			egar	
RESIDENCE OF DE	10b. COUNTY	eral			y, town on dgele		ION						10d. INSIDE CITY LIMITS?
P. O. B		}		7		101	. zip cod					J.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Dh			T EVER IN U.S. YES 2	NO	11	yes, sp	ecify Cubi		n, Puerto	N? (Specify Y Ricen, atc.)	ee or No—	Blac	E — American Indian, k, Whita, atc. White
	CEDENT'S EDUC nly highest grade (0-12)		+)	DECEDENT'S (Give kind of life. Do NOT u	work done du se retired.)	CUPATIO	ON at of world	ng	161	HOM		DUSTRY	
17. FATHER'S NAME (Flist, Jonathan								HER'S NA		Middle, Maide F. Bi	sumama) .schof	f	
19a. INFORMANT'S NAME Paul V.					BOX					nber, City or To		753	
20a, METHOD OF DISPOSI 1 G Burlal 2 Cremat 4 Donation 5 Oth	ion 3   Berne	oval from State	20b. PLA of cemet	CE AND DAT ary, cremator, Indiar	e of dispos	sition ce)	(Name	terv	7/15		ocation –		own, State st Virgini
21. SIGNATURE OF FUNER		ENSEE	le-		22. N	AME A	ID ADDRE	SS OF FA	CILITY	al Hom			26757
shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)		aDUE TO	irter	eurselevin									Onset and D
		a contributing to	death but no	ot resulting	in the und	lertyin	g cause	given in	Part I.	PERF	N AUTOPSY ORMED?	24	b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAUS
	Herry Decute	tenter who								I U TES	2 112 110		OF DEATH?  1 YES 2 NO
PART II. Other eignific	Stevent	tim who				26. P	LACE OF I	DEATH (C)	neck only o		- 12/10		OF DEATH?
PART II. Other eignific	Stevent	HOSPITAL:	□ ER/Outpetlen/	t 3 🗆 DOA	OTHER:								OF DEATH?
PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5	Stevent		FINJURY	28b. Til	4 🗷 Nursi	ng Hon 28c. IN. W		lesidenca	6 🗆 Oth	one)		CURED	OF DEATH?
25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5	Decute TO MEDICAL  Pending	1 ☐ Inpetient 2 ☐  28a. DATE OF (Month, E)  28a. PLACE O	FINJURY	28b. Til	4 A Nursi ME OF JURY M	rng Hon 28c. IN. WC 1 🔲	IURY AT ORK?	lesidenca	6  Oth	er (Specify)	I INJURY OO		OF DEATH?
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)	TO MEDICAL  Pending investigation  Could not be detarmined	28a. DATE OF (Month, L)  28a. PLACE C building,	F INJURY Day, Year)  OF INJURY — Ai, etc. (Specify)  If my knowledge	28b. Till IN	4 @ Nursi  ME OF JURY M  street, facto	ing Hon 28c. IN. WC 1 ry, office	URY AT DRK? YES 2	NO NO	28d. DE	er (Specify) SCRIBE HOW CATION (Street y or Yown, Stal	r INJURY OO and Number	or Rural	OF DEATH?  1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, ashould be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPA CERTI					1ENTAL	HYGIEN REG. NO		1	21045
	1. DECEDENT'S NAME (First, Middle, Last) Catherine Mary W	eaver						2. DATE O	F DEATH 0	AY YE	AR	1900 M
	4. SOCIAL SECURITY NUMBER 215-74-8445	8. SEX 1  M 2  F	AGE (in yrs. lest birthde	MONTHS	DAYS	IF UNDER	MIN.	7. DATE O (Month, 07-02	F BIRTH Day, Year)	8.		CE (State or Foreign
TOR.	9a. FACILITY NAME (If not institution, give structure) Union Hospital or		ounty		ton,	MD		ATH	- ' '	ec. COUNTY	OF DEATH	
L DIRECTOR	Maryland Cecil			orth E	ast,		219	01		10g. CITIZEN	1 [	LIMITS?  YES 2 NO
FUNERAL	11 Colonial Circ	le			101	2190				Americ		.S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I	YES 2 NO	13.	If yes, sp		n, Mexican	, Puerto Ri	(Specify Ye can, etc.)	a or No — 14.	Black, Wh Specify:	American Indian, lite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT (Give kind life. Do NOT	of work done use retired.)	during mo	ON st of workin	g	16b.	KIND OF BL	ETON		
BE COM	17. FATHER'S NAME (First, Middle, Last)  Joseph Foehrkolb							ME (First, Mi	ddle, Maider			
6	19a. INFORMANT'S NAME (Type/Print)  Joseph Weaver			NO ADDRES Betha						vn, State, Zip Co	<sub>(ای</sub>	
	20s. METHOD OF DISPOSITION PCSBuriel 2 □ Cremation 3 □ Remo 4 □ Donation 8 □ Otpse(Specify)	val from State	20b. PLACE AND D.	ATE OF DISI	POSITION		77.00	DATE	20c. L	cation - city	or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LICE	HEE / (	loue	7 Ci	NAME AN		eral	HOINE	2	ast, M		901
	23. PART I. Enter the diseasea, or construction about, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause	on each line.  Multiple And A CONSEQUENCE	o not ente	r the mo	de of dyl	ng, auch	n aa cerdi	ec or rear	olratory arreat	,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Sers	AS A CONSEQUENCE			·						
RTIF	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE	OF):								
_	PART II. Other algorificant conditions	contributing to de	ath but not resultir	ng In the u	inderfyln	g ceuse (	given in	Part I,		N AUTOPSY PRMED? 2   NO	CO	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICA								-			1 [	YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DO/	OTHE	R:		- CASH	8 Cher				
	27. MANNER OF DEATH  1 Netural 8 Pending	28a. DATE OF IN. (Month, Day,	JURY 28b.	TIME OF INJURY	28c. IN.	URY AT PRK? YES 2				INJURY OCCUP	RED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF II building, ato	NJURY — At home, fan . (Specify)	m, street, fe	ctory, offic	•			TION (Street r Town, State	t and Number or	Rural Route	Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER											d manner as stated.
TO BE C	29b. SIONATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	ion M				29c LIC	Le 4	107		29d. DATE 8	19	onth, Day, Year)

DHMH-18 Flev 1/89

31. DATE FILED (Month, Day, Year)

2

'91

32. REGISTRAR'S SIGNATURE

Randelle

DIVISION OF VITAL RECORDS, F.O. BOX 13146, BALLIMORE, MARIEAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1,"2, 3 should
be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burfal, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)		OL.	1111110	ATE OF	DEATH	2. DATE	REG. NO.		3	3. TIME OF DEATH
JAMES	H. WA	LLACE				Ju1		1991	YEAR	Р.м
4. SOCIAL SECURITY NUMBER	~ ~	AGE (In yrs. lest I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)		. BIRTHP!	LACE (State or Foreign
214-07-3947	XX M 2 - F	74	YRS.	NTHS DAYS	HOURS MIN.		-09-19	17	MI	
9a. FACILITY NAME (If not institution, give	street and number)		96	. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT	Y OF DEA	АТН
3105 Drogue	Court			Annap	oolis			Ann	e A	rundel
10a. STATE 10b. COUNT		T	10c. CITY, TO	OWN OR LOCAT	TION				1	IOd. INSIDE CITY
MD Alleg	anv		Cresa	aptown						LIMITS?
10e. STREET AND NUMBER					1. ZIP COOE			10g. CITEZE	N OF WH	IAT COUNTRY?
Brant Road				2	21502			USA	Α	
11. MARITAL STATUS  1 Never Married Married	12. WAS DECEDENT E FORCES? XX	VER IN U.S. ARM YES 2 NO	EO)		CENDENT OF HISPA			or No- 1	4. RACE - Black,	– American Indian, White, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES			S 200 Speci				Specify	
15. DECEDENT'S ED		W II	EDENT'S USI	UAL OCCUPATION	ON	18b	KIND OF BU	SINESS/INDU		II.ce
(Specify only highest gred Elementary/Secondary (0-12)		(G/vi	e kind of work Do NOT use re	done during mo	ost of working				70.00	
12	Soliting (1-4 St S 4)	fo	ork li	ft dri	ve		Text:	ile		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	ME (First, I	Aiddle, Maiden	Surname)		
nfn					Henri	etta	Richa	rdson		
19e. INFORMANT'S NAME (Type/Print)					and Number or Rural					
Mrs. Zetta Wall		_			392-C Cun	berl				
20a. METHOD OF DISPOSITION XXX Burlel 2 Cremetion 3 Re	moval from Stata	20b. PLACE O	F DISPOSITION	on (Name of ce porial	metery, crematory or			CATION — CI	*	
4 Donation 5 Other (Specify)		Smise	et men	DITAL	Pair	7-	12 Cum	berla	na,	MD
21 SIGNATURE OF FUNERAL SERVICE I	ICENSEE									
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1/ >		22. NAME A	ND ADDRESS OF F	CILITY				
23. PART/. Enter the diseases, or	Cangle complications that c	aused the dee	ith. Do not	22. NAME A Scar Cumb	nd ADDRESS OF FA pelli Fu perland,	nera MD 2	1 Home 1502		nt,	Approximate interval Between
· Jones 7	complications that concluded the conficulty one cause	on each line.	CON	22. NAME A Scar Cumb	nd ADDRESS OF FA pelli Fu perland,	INETA MD 2 th as can	1 Home 1502 flac or reap	iratory arre		Approximate interval Between Onset and Death
23. PART J. Enter the diseases, or shock, or heert feliure immediate CAUSE (Final disease or condition	a. DUE TO (OI	on each line.	UENCE OF):	22. NAME A Scar Cumb	nd Address of F. pelli Fu perland, ode of dying, aud	INETA MD 2 th as can	1 Home 1502 flac or reap	iratory arre		interval Between
23. PART I. Enter the diseases, or shock, or heert feiture immediate cause or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OI d. DUE TO (OI d.	ON each line.  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR	UENCE OF): UENCE OF):	22. NAME A SCAR CUMB	no address of Free pelli Fuberland, ode of dying, aud	Incluity Incra Inc	1 Home 1502 flac or reap	AUTOPSY	24b.	interval Batween Onset and Death
23. PART I. Enter the diseases, or shock, or heert feiture immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OI d. DUE TO (OI d.	ON each line.  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR	UENCE OF): UENCE OF):	22. NAME A SCAR CUMB	no address of Free pelli Fuberland, ode of dying, aud	Incluity Incra Inc	1 Home 1502 flac or reap	AUTOPSY	240.	interval Between Onset and Death
23. PART I. Enter the diseases, or shock, or heert feiture immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OI d. DUE TO (OI d.	ON each line.  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR	UENCE OF): UENCE OF):	22. NAME A SCAR CUMB	no address of Free pelli Fuberland, ode of dying, aud	Incluity Incra Inc	1 Home 1502 flac or reap FA	AUTOPSY	24b.	interval Between Onset and Death Onset and Death Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE
23. PARTA. Enter the diseases, or shock, or heert feilure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant conditions.	a. DUE TO (OI d. DUE TO (OI d.	ON each line.  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR	UENCE OF): UENCE OF):	22. NAME A SCAR CUMB	no address of Free pelli Fuberland, ode of dying, aud	Incluity Incra Inc	1 Home 1502 flac or reap FA	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or shock, or heert feiture immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OI d. DUE TO (OI d.	ON each line.  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR  R AS A CONSEOUR	UENCE OF): UENCE OF): Dealting in the	22. NAME A SCAT CUMB anter the mo	no address of Freeli Function	nera MD 2.  The second	1 Home 1502 flac or reap Final	AUTOPSY RMEO?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heert feiture industrial industrial disease or condition resulting in death)  Sequentielly liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OI  d. HOSPITAL: 1   Inpatient 2   E	on each line.  R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU  Beth but not re	UENCE OF):  UENCE OF):  UENCE OF):  Paulting in to	22. NAME A SCAT CUMB anter the mo	no ADDRESS OF F. pelli Fu perland, ode of dying, aud fu	nera MD 2. Sh as card in Part I.	1 Home 1502 flac or reap  24a. WAS AN PERFOI 1 YES:	AUTOPSY PMEO?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or shock, or heert feiture immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	DUE TO (OI  d. HOSPITAL:	on each line.  PLUT  R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU  Physical Consecution of the consecution	UENCE OF): UENCE OF): Dealting in the	22. NAME A SCAT CUMB anter the mo	IND ADDRESS OF F. TPELLI FU DETLAND, ode of dying, aud  FLACE OF DEATH (C) THE STATE OF THE STAT	nera MD 2. Sh as card in Part I.	1 Home 1502 flac or reap Final	AUTOPSY PMEO?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heert feilure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions	DUE TO (OI  d. DUE TO	on each line.  PLET  R AS A CONSEOU  R AS A CO	UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  28b. TIMEC OF 1  1 DOA 4	22. NAME A SCAT CUMB anter tha mo	IND ADDRESS OF F. TPELLI FU DETLAND, ode of dying, aud  TE	nera MD 2.  The sa carrier in Part I.  The ck only o	24a. WAS AMPERFOIL TO YES:	AUTOPSY RMEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heert feilure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cond	DUE TO (OI  d. DUE TO	on each line.  R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU  Beth but not re  R/Outpatient 3  JURY  NJURY — At hon	UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  28b. TIMEC OF 1  1 DOA 4	22. NAME A SCAT CUMB anter tha mo	IND ADDRESS OF F. TPELLI FU DETLAND, ode of dying, aud  TE	Dental Derivation of the Control of	1 Home 1502 flac or reap  24a. WAS AN PERFOI 1 YES:	AUTOPSY RMEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heert feiture immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cond	DUE TO (OI  D. DUE TO	on each line.  PLUT  R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU  PRIOUPSITION  R/Outpatient 3  JURY  Ibar)  NJURY — At hom.  (Specify)	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  28b. TIME C INJUR  ne, farm, stre	22. NAME A SCAT CUMB anter tha mo	IND ADDRESS OF F. TPELLI FU DETLAND, ode of dying, aud  FLACE OF DEATH (C) THE STORKY TYES 2 NO Ice	n Part i.  Part i.  By Other 28d. DE 28d. Locally on the case of t	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMEO?  AUGh: INJURY OCCU	24b. 1 Ler Jured Dor Rural Ro	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heert feiture immediate CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cond	complications that co. Liet only one cause  a. DUE TO (of the contributing to de contribu	on each line.  PLUT  R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU  PRIOUPSITION  R/Outpatient 3  JURY  Ibar)  NJURY — At hom.  (Specify)	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  28b. TIME C INJUR  ne, farm, stre	22. NAME A SCAT CUMB anter tha mo	IND ADDRESS OF F. TPELLI FU DETLAND, ode of dying, aud  FLACE OF DEATH (C) THE STORKY TYES 2 NO Ice	n Part I.  Part I.  28d. DE  28f. Loc City e to the ca e time, dat	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMEO?  augh: INJURY occurrence and Number of the state and due to the	24b. Ter JRED  or Rural Ro	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF	RTMENT	OF I	HEALTH DEAT	AND I	MENTA	L HYGIEN	-	91	21047
1. DECEDENT'S NAME (First	EDWAR	RD.			WRIGH	T			2. DATE MON' 07	e of DEATH	].	991	3. TIME OF DEATH 9:48 P M
4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDER	YEAR	IF UNDER			OF BIRTH		_	NPLACE (State or Foreign
217-60-7858		1 X M 2 - F	3	8 YRS.	MONTHS	UAYS	HOURS	Mini,	06	-16-19	53		yland
9a. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF	DEATH
PRINCE GEO	CEDENT		VTER				ERL Y				PRI	NCE	GEORGE
Maryland	10b. COUNTY				TY, TOWN O								10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER		arles		Br	yans	_							1 TES 2 NO
Rt. 2 Box 1						10	t. ZIP CODI	5					WHAT COUNTRY?
11. MARITAL STATUS	-10	10 1440 DECEDE	T 51/50 11/1			$\perp$	206					S.A	
1 Never Married 2 3 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2	X NO	l II	yes, sp	ecity Cuba	n, Mexica	n, Puerto	N? (Specify Yea Rican, atc.)	or No	14. RAC Blac Spec	E — American Indian, ik, White, atc. ://y: White
	EDENT'S EDU		164	DECEDENT'S	USUAL OC	CUPATI	ON		-16	b. KIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (I		College (1-4 or 5		(Give kind of life. Do NOT L	ise retired.)				r	Self 1	emplo	oved	
17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTH	IER'S NA	ME (First	Middle, Maiden	~	.2	
Walter M.	Wright									ranklin			
19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS	(Street a				ber, City or Town		Code)	
Mr. Walter	Wright	t								ad, Mai			0616
20a METHOD OF DISPOSIT 1	n 3 🗆 Reme	ovat from Stata	cemeters	ACE AND DATE y, cremetory or o	OF DISPOSIT	ION (No	ame of		DAT		CATION —	City or To	own, Stata
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22, N	AME A	YD ADDRES	S OF FA	CILITY	Home,	ans	Noac	I, Mu.
<b>&gt;</b>					R.	L	1ams 225 s	Fune	mon	HOme,	Inc.	n Ua	ead, Md. 2064
23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nel	a. MULTIP	LE	line.	ES.				TI du Car	diec of Teap	atory are	est,	Approximate Interval Between Onset and Death
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju	dlete ING	c		NSEQUENCE O									
that initiated events resulting in death) LAS	, L	d	(OR AS A CON	NSEOUENCE O	F):								
PART II. Other algnifice	nt condition	s contributing to	deeth but n	ot resulting	In the und	erlyln	ceuse g	lven in	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?  1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL T					28 DI	ACE OF DE	ATU (O)	ab aut au				
EXAMINER?		HOSPITAL:	XER/Outpation	H 3 DOA	OTHER:								
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	8c. INJ	URY AT	sidence		SCRIBE HOW IN	JURY OCC	CURED	
2 Accident	Pending Investigation		13 199	1 8:34		1 🗆 1	RK? (ES XX	NO	PAS	SENGER	V/DUN	E BU	GGY ACCIDENT
	Could not be determined	building,	atc. (Specify)	NEAR F					28f. LOC City	or Town, State) CHARL			
29e. CERTIFIER (Check only one) 1 CERT	IFYING PHYSIC	CIAN: To the best of R: On the bests of ex	my knowledge samination and	, death occurr	ed at the tim	e, deta nion, d	and place, eath occurr	and dua	to the car	use(a) end man	ner ea stat	ed. e cause(s	s) and manner as stated,
296 SIGNATURE AND TITLE			h	1			29c. LICE		BER			E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	E OF DEATH	TEM 27) (Type	Print)							-	
MARIO F.	GOL	LE, JA	8 M	P	11	1 F	ENN	STRE	ET	BAL TIM	ORE,	MARY	T AND

31. DATE FILED (Month): Day, 16er)

JUL 1 8 '91

Lika Davidson Randine

BALTIMORE, MARYLAND 21203-3146

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 _ STATE	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND M	IENTAL HYGIENI	9	1 21048
	1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF DEATH MONTH DA	v ve	3. TIME OF DEATH
	Maggie Waters				1	July 6.	" 1991 <sup>"</sup>	10:45a M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. E	BIRTHPLACE (State or Foreign
	219-13-5814	1 - M 2 0 F	22 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give stre		15	at CITY TOWN O	R LOCATION OF DEA			OF DEATH
~	THE RESERVE THE PROPERTY OF THE PARTY OF THE	7.11.00.00.00.00.00.00.00.00.00.00.00.00.		- III		AIH	9c. COUHTY	A) - 24-1
Ö	Deer's Head Cer	<u>nter</u>		Sa	lisbury		W	icomico
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
E	MA	n makes						LIMITS?
	18141	OMETET	/	NANOK			,	1 YES 2 NO
M	10e. STREET AHD HUMBER	Do		101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	Box 23 /0	, P.O,			21836			0,0,
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	H U.S. ARMED			C ORIGIH? (Specify Yes	or Ho— 14.	RACE — American Indian,
	1 Hever Married 2 Married	FORCES? 1 YES		If yes, sp	city Cuban, Mexican 2 NO Specify:			Black, White, atc. Specify: D /
В	3 Widowed 4 Divorced			1	And option).			BIACK
COMPLETED	15, OECEDEHT'S EDUC	ATIOH	16a. OECEDENT'S	USUAL OCCUPATION	ЭН	18b. KIND OF BUS	SINESS/INDUST	RY
E	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during mo se retired.)	st of working	21	0	
7	1 7	College (I-4 or 5+)	1 / 2	AborEr		Dulan	164	or P.
Σ	AT EATHER ON MANE (Class Middle Lann)		1-1	POIL			1	
ပ္ပ	17. FATHER'S NAME (First, Middle, Last)	1-			18. MOTHER'S HAN	ME (First, Middle, Malden	7	1
BE	SAMUEL TYLL	18-5			FIIZ	HOKIN .	וץ אטן	И
5	19a. INFORMANT'S HAME (Type/Print)		19b. MAILING	ADDRESS (Street in	S. Annual Printers	oute Number, City or Toy	n, State, Zip Coo	(0)
F	BEATTICE CO	ONNET	6021	1 Ango	rA IEr	MACE, PI	nila. Fr	1, 19143
	20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPO	SITION (Name of cer	netery, crematory or	20c. LO	CATION - City	or Town, State
	1 Buriel 2 Cremetion 3 Remo	7 12 91	other place) 51	amus/	11200/15	u M	inst:	· md.
	21, SIGNATURE OF EMNERAL SERVICE LICE	ENSEF		22 NAME AL	ID ADDRESS OF FAC	edity	DIL	7/10/
	W-H	7/1 C			1/ /	1/	Princ	1253 HUNK
	Theretay.	6. Um	/	1103	HAMPON	en HUE.	W	11, 71853
	11 // // /							
	23. PART I. Enter the diseases, or co	omplications that cause	d the death. Do	not antar tha mo	de of dying, such	aa cardlac or reapi	ratory arreat,	Approximata
	23. PART I. Enter the diseases, or coshock, or heart failure. L			not anter the mo	da of dying, such	aa cardiac or reapi	ratory arreat,	Intarval Batween
	shock, or haart failure, L IMMEDIATE CAUSE (Final	Liat only one cause on a	each line.		da of dying, such	aa cardiac or reapi	ratory arreat,	
	shock, Dr haart failure. L	List only one cause on a	Artert	Disease	da of dying, such	aa cardiac or reapi	ratory arreat,	Intarval Batween
	shock, or heart failure. L IMMEDIATE CAUSE (Final diaease or condition	Liat only one cause on a  Coronary  B. Due to (or As A	Artert Aconsequence o	Disease	da of dying, such	a aa cardiac or reapi	ratory arreat,	Intarval Batween
z	ahock, or heart failure. I	Liat only one cause on a  Coronary  B. Due to (or As A	Artert	Disease	da of dying, such	a aa cardlac or reapi	ratory arreat,	Intarval Batween
NOI	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Coronary  BUE TO (OR AS A	Artert Aconsequence o	Disease n: ccident	da of dying, such	a a cardiac or reapi	ratory arrest,	Intarval Batween
SATION	shock, or heart failure. I	E. Coronary  Due to (or as a Cerbroba Due to (or as a Cerbroba	Artert Aconsequence of Scular Aconse	Disease		a a cardiac or reapi	ratory arreat,	Intarval Batween
FICATION	shock, or heart failure. I	Coronary  DUE TO (OR AS	Artert Aconsequence of Scular A	Disease n: ccident n: Decubitu		a a cardiac or reapl	ratory arreat,	Intarval Batween
RTIFICATION	shock, or heart failure. I	Coronary  DUE TO (OR AS	Artert Aconsequence of Scular Aconsequence of Mutiple	Disease n: ccident n: Decubitu		a a cardiac or reapl	ratory arreat,	Intarval Batween
CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Coronary  DUE TO (OR AS	Artert Aconsequence of Scular Aconsequence of Mutiple	Disease n: ccident n: Decubitu		a a cardiac or reapl	ratory arreat,	Intarval Batween
L CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Coronary  DUE TO (OR AS A  CET DOE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  OUE TO (OR AS A	Artert Aconsequence of scular A Aconsequence of Mutiple Aconsequence of Aconse	Disease ค: ccident ค: Decubitu ค:	s Ulcers	Part I. 24a, WAS AH	AUTOPSY	Interval Between Onset and Daath  24b. WERE AUTOPSY FIHDINGS
	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions	COTONARY  DUE TO (OR AS A CEPBYOBA  DUE TO (OR AS A DUE TO (OR	Artert Aconsequence of scular A Aconsequence of Mutiple Aconsequence of Aconse	Disease ค: ccident ค: Decubitu ค:	s Ulcers	Part I. 24a, WAS AH PERFOF	AUTOPSY IMED?	Interval Between Onset and Daath
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	shock, pr heart failure. L.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  Diabetes Me	COTONARY  DUE TO (OR AS A CEPBYOBA  DUE TO (OR AS A DUE TO (OR	Artert Aconsequence of Scular Aconsequence of Mutiple Aconsequence of Mutiple Aconsequence of Mutiple Aconsequence of Mutiple	Disease F): Ccident F): Decubitu F): In the underlyIn OTHER:	S Ulcers	Part I. 24a, WAS AH PERFOF 1   YES 2	AUTOPSY IMED?	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
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PHYSICIAN: MEDICAL	shock, pr haart failure. L  IMMEDIATE CAUSE (Final diaase pr condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions Diabetes Me  25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO  27. MANNER OF DEATH 1 Hatural 5 Pending	List only one cause on a  Coronary  DUE TO (OR AS A  Cerbroba  DUE TO (OR AS A  History  DUE TO (OR AS A  A  B. Contributing to death it  Contributi	Artert Aconsequence of Scular Aconsequence of Mutiple	Disease F): Ccident F): Decubitu F): In the underlyIn  26. P  OTHER: 4   Nursing Horr ME OF   28c. IN. WX	S Ul cers g cause given in i	Part I. 24a, WAS AH PERFOF 1 YES 2	AUTOPSY RMED?	Interval Between Onset and Daath  24b. WERE AUTOPSY FIHOHQS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 HO
BY PHYSICIAN: MEDICAL	shock, pr haart failure. L  IMMEDIATE CAUSE (Final diaase pr condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  Diabetes Me  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 YES 2 X NO  27. MANNER OF DEATH  1 Hetural 5 Pending investigation	List only one cause on a  COYONAYY  DUE TO (OR AS A  CEYBYOBA  DUE TO (OR AS A  History  DUE TO (OR AS A  A  B. CONTRIBUTING TO GRAS A  B. CONTRIBUTING TO G	Artert Aconsequence of Scular A a consequence of Mutiple A consequence of Mutiple but not resulting	Disease  F): Ccident  F): Decubitu  F): In the underlyin  26. P  OTHER: 4   Nursing Horn MURY M 1	S Ul cers  g cause given in I  LACE OF DEATH (Che	Part I. 24a, WAS AH PERFOF  1 YES 2  ck only one)  8 Other (Specify)  28d, DESCRIBE HOW I	AUTOPSY IMED?	Interval Between Onset and Daath  24b. WERE AUTOPSY FIHOHGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 HO
BY PHYSICIAN: MEDICAL	shock, pr haart failure. L  IMMEDIATE CAUSE (Final diaase pr condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions Diabetes Me  25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO  27. MANNER OF DEATH 1 Hatural 5 Pending	List only one cause on a  COYONAYY  DUE TO (OR AS.  CEYBYOBA  DUE TO (OR AS.  HISTORY  DUE TO (OR AS.  d.  S contributing to death to a contribution of the contributi	Artert Artert Aconsequence of Scular A Aconsequence of Mutiple Aconsequence of Mutiple Aconsequence of Mutiple But not resulting	Disease  F): Ccident  F): Decubitu  F): In the underlyin  26. P  OTHER: 4   Nursing Horn MURY M 1	S Ul cers  g cause given in I  LACE OF DEATH (Che	Part I. 24a, WAS AH PERFOF 1 YES 2	AUTOPSY MMED?  HO  HJURY OCCUR  and Number or H	Interval Between Onset and Daath  24b. WERE AUTOPSY FIHOHGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 HO
BY PHYSICIAN: MEDICAL	shock, pr haart failure. L  IMMEDIATE CAUSE (Final diasase pr condition resulting in death)  Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions Diabetes Mc  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 YES 2 X NO  27. MANNER DF DEATH  1 Hetural 5 Pending Investigation 3 Suicide a Could not be	COYONAYY  B. COYONAYY  DUE TO (OR AS A CEYBYODA  DUE TO (OR AS A HISTORY)  DUE TO (OR AS A HISTORY)  DUE TO (OR AS A A HISTORY)  DUE TO (OR AS A A A A A A A A A A A A A A A A A A	Artert Artert Aconsequence of Scular A Aconsequence of Mutiple Aconsequence of Mutiple Aconsequence of Mutiple But not resulting	Disease  F): Ccident  F): Decubitu  F): In the underlyin  26. P  OTHER: 4   Nursing Horn MURY M 1	S Ul cers  g cause given in I  LACE OF DEATH (Che	Part I. 24a. WAS AH PERFOR 1   YES 2   YES 2	AUTOPSY MMED?  HO  HJURY OCCUR  and Number or H	Interval Between Onset and Daath  24b. WERE AUTOPSY FIHOHGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 HO
BY PHYSICIAN: MEDICAL	shock, or heart failure. I	COYONAYY  B. COYONAYY  DUE TO (OR AS A CEYBYODA  DUE TO (OR AS A HISTORY)  DUE TO (OR AS A HISTORY)  DUE TO (OR AS A A HISTORY)  DUE TO (OR AS A A A A A A A A A A A A A A A A A A	Artert Aconsequence of SCular Aconsequence of Mutiple	Disease  PF: Ccident  PF: Decubitu  PF:  In the underlyIn  26. PF  4   Nursing Horn  AE OF JURY M   1  street, factory, office	S Ulcers  g cause given in I  LACE OF DEATH (Che no 5   Residence    URY AT  VES 2   NO	Part I. 24a, WAS AH PERFOR 1   YES 2  bck only one)  8   Other (Specify)  28d. DESCRIBE HOW I City or Town, State)	AUTOPSY IMED?  I HO  HJURY OCCUR  and Number or I	Interval Between Onset and Daath  24b. WERE AUTOPSY FIHOHGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 HO
BY PHYSICIAN: MEDICAL	shock, or heart failure. Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  Diabetes Me  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	COMMAND COMMAN	Artert Aconsequence of SCular Aconsequence of Mutiple Aconsequence of Mutiple Aconsequence of Mutiple Aconsequence of Mutiple But not resulting	Disease F): Ccident F): Decubitu F): In the underlyin  26. Pi OTHER: 4   Nursing Horn ME OF 28c. IN. WC M 1   street, fectory, officered at the time, date	S Ul Cers  g cause given in I  LACE OF DEATH (Che the 5   Residence    JURY AT	Part I. 24a, WAS AH PERFOF  1 YES 2  Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  to the cause(a) and mail	AUTOPSY RMED?  D HO  HJURY OCCUR  and Number or I	Interval Between Onset and Daath  24b. WERE AUTOPSY FIHOHGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 HO
PHYSICIAN: MEDICAL	shock, or heart failure. Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  Diabetes Me  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	COYONAY  a. COYONAY  DUE TO (OR AS.  CEYBYODA  DUE TO (OR AS.  HISTOY  DUE TO (OR AS.  d.  S contributing to death it  Ellitus  HOSPITAL:  1   Xinpatient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, etc. (Spe	Artert Aconsequence of SCular Aconsequence of Mutiple Aconsequence of Mutiple Aconsequence of Mutiple Aconsequence of Mutiple But not resulting	Disease F): Ccident F): Decubitu F): In the underlyin  26. Pi OTHER: 4   Nursing Horn ME OF 28c. IN. WC M 1   street, fectory, officered at the time, date	S Ul Cers  g cause given in I  LACE OF DEATH (Che the 5   Residence    JURY AT	Part I. 24a. WAS AH PERFOR 1 YES 2  Ck only one)  8 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the cause(a) and mailine, date and place, ar	AUTOPSY IMED?  I HO  HJURY OCCUR  and Number or i	Interval Between Onset and Daath  24b. WERE AUTOPSY FIHOHOS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 HO

D20050

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chan, P.O. Box 2018, Salisbury, 21802 MD

31. DATE FILED (Month, Day, Year)

12. HEGISTRAR'S SIGNATURE

· 6 14.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	24 riours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transit page 4 within 70 hours after death with the State have of Health and Mental Homine point to burdal, cremitation, or removal	filled in by the funeral director, page 5 should be detached for use as the burial-transit part on or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	he medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Amy Fogg Willis

2. DATE OF DEATH 7-11-91 AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH 7-11-91 AND MENTAL HYGIENE REG. NO.

					DEA			HEG. NO.			
1. DECEDENT'S HAME (First, Middle, Last)  AM Y	FOGG Fog	g Will WILL					2. DATE O	F DEATH Z	-11-91 9	AR 0955	A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birth		UNDER 1 YEAR			7. DATE O	F BIRTH Day, Year)	8.9	BIRTHPLACE (State or For	reign
145-10-2091	1 🗆 M 2- 🗸 F	79 Y	RS. MON	THE DAY	HOURS	MIN.	-	6.12	P	ennsylvani	a
9a. FACILITY HAME (If not institution, give a	treet and number)		9b.	CITY, TOW	N OR LOCAT	ION OF DE		0	9c. COUNTY	OF DEATH	
326 Frenchtown	Road			Elkto	n				Ceci	1	
RESIDENCE OF DECEDENT									0001	_	
10a. STATE 10b. COUNTY	Υ	100	c. CITY, TO	WN OR LO	CATION	~				10d, INSIDE CITY	
Maryland Ceci	+ Salem	-	<b>Blkt</b>	on-Pe	NNS	GRO	Ve.			LIMITS?	но
10e. STREET AND HUMBER					10f. ZIP COD		10		10a, CITIZEH	OF WHAT COUNTRY?	
326 Frenchtown	Road- 10FR	ANKliN	StRO	eet	2192	1 08	3069		U.S.	Α.	
1. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 7	R IH U.S. ARMED						(Specify Yea	or No- 14.	RACE — American India Black, White, etc.	en,
Never Married 2 Married  Wildowed 4 Divorced	IF YES, GIVE WAR OF				specify Cub ES 2 X HO			can, etc.)		Specify: White	
15, DECEDENT'S EOU (Specify only highest grade	CATIOH	18e. DECEDE				<i>i</i>	16b. I	KIHD OF BUS	INESS/INDUST	'AY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ilfe. Do N	VOT use ret	ired.)	most of work	ing					
	2	Home	emak	er							
7. FATHER'S HAME (First, Middle, Last)					16 MOT	HER'S HAI	ME /First Mi	ddle, Maiden	Sumamal		
J. Claren	ce Foaa				10. 110	112.1		1 E.			
	cc rogg								-		
Da. INFORMANT'S HAME (Type/Print)									n, State, Zip Coo		
Carole Skibinsk		32	6 Fre	encht	own R	oad	E	lkton	, MD	21921	
0g METHOD OF DISPOSITION  ☑ Burtal 2 ☐ Cremation 3 ☐ Ram ☐ Donation 8 ☐ Other (Specify)	oval from Stata	of cemetary, crem Lawn Si	MATE OF	olsposition there place)	ON (Name		7-1 11991	5		or Town, Stata	sev
1. SIGHATURE OF FUHERAL SERVICE LIN						ESS OF FAC			s, P.A	·	1
· 1/2	8 4/2			Bow	and	Stoc		neral Stree		•	
Lonald	J- Astery	90)		Elk	ton,	MD :	21921				
Sequentially list conditions,	b	S A CONSEQUEN									
If any, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUEN	ICE OF):								
	d										_
PART II. Other algnificant condition	na contributing to deat	h but not reaul	lting in th	ha underly	Ing cause	given in		24a. WAS AH PERFOR	IMED?	24b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C	TO
								1   120 2		DF DEATH?	NO
25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF	DEATH (Ch	eck only one	)			
EXAMIHER?  1 YES 2 NO	HOSPITAL:	Outpetlant 3 -		THER:	iome 5 🗆 F	logidanna	6 COther	(Specific)			
7. MANNER OF DEATH	26a. DATE OF IHJUI		b. TIME OF	F 28c.	INJURY AT				NJURY OCCUR	ED	
1 Hetural 5 Pending Investigation	(Month, Day, Yea		INJURY		WORK?	□ NO	LUG. DEG	HOW I		_	
3 Suicide 6 Could not be determined	28e. PLACE OF INJI building, atc. (5	URY — At home, ( Specify)	farm, stree	et, factory, o	ffica			TION (Street in Town, State)		Rural Route Number,	
one)	IICIAN: To the best of my ke									succ(s) and manner as a	stated.
9b. SIGNATURE AND TITLE OF CERTIFIE	in .			_	20- 11	CENSE HUI	MBER		204 0475 0	GNED Month Co. V.	
Mayanben	nes E-K	Phys	ne	an	D	370	593		▶ 7	GNED (Month, Day, Year)	
M a M AM RE	HO COMPLETED CAUSE OF				-050	1721	1 ,				
1. DATE FILED (Martin Day Year)	32. REGISTRAR'S S		100	VII	VAV	4/1		-			_
JUL 17 '91		P.11									

(0)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

REGISTRAN		U	ERITE	CAIE	UF	DEAL	П		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  ABRAHAM	Į.	VEINSTE	IN					2. DATE MONT	of DEATH	991	YEAR	9:10 A.N
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. In:	st birthday)	IF UNDER 1 Y	EAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
578-03-9807	1 📉 M 2 🗆 F	82	YRS.	MONTHS D	MYS	HOURS	MIN.	12-	-31-08		Country)	Pennsylva:
9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	OWN C	R LOCATIO	ON OF DE	DEATH 9c. (			NTY OF DEA	тн
12600 CONNECTICUT	AVENUE			SILVER SPRING			MON		TGOMERY			
10e. STATE 10b. COUNTY			10c. CITY	TOWN OR	LOCAT	ION		_			10	Dd. INSIDE CITY
MARYLAND MONTG	OMERY		100	SILVER SPRING							LIMITS?	
10e. STREET AND NUMBER	LINE TO THE			101. ZIP CODE			10g. CITIZ			IZEN OF WHAT COUNTRY?		
12600 CONNECTICUT	FICUT AVENUE				20906						U.S.A.	
11. MARITAL STATUS		DECEDENT EVER IN U.S. ARMED CES? 1 YES 2 NO			S DEC	ENDENT C	F HISPAI	NIC ORIGI	1? (Specify Yes	or No-	14. RACE	- American Indian, Vhita, etc.
1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE W		NO			2 <b>X</b> NO		an, Puerto Rican, etc.) lly:			Specify:	WHITE
15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	ECEDENT'S I Give kind of w	USUAL OCC	UPATIO	ON ast of workin	707	16t	. KIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	)		retired.)				Ι,		W. TV		
		Mai	nager						agle W		& Liq	uor
17. FATHER'S NAME (First, Middle, Last)  Frank Abraham W	oingtoi-								Middle, Malden	Sumama)		
PIAUK ADTAINAM W	erneceru	1	h Man me	ADDOSCO T	Ma				tman	. 0	Codil	
The state of the s	son-in-la											D. 20814
		,	E AND DATE				Sult				City or Town	
20a, METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Remoted Control of the Contr	oval from State		DAVII				ARDE	N DAT				, State VIRGINI
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7.7-11		DAN	ME AI	ND ADDRE	SS OF FA	CILITY	MEMOR	TAT	CHADE	LS, INC.
1	11/1	1	-	117	0 1	SOCKA	1.1.17	E PTI	E. ROC	KVTT	JE. M	D 20852
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO	1etas OR AS A CONSE	Vate	ie S	a	100	ma	<u></u>				9 mos
Sequentially list conditions, if ery, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	(OR AS A CONSE	19011190-190						-			
PART II. Other significant condition	a contributing to	deeth but not	resulting i	n the unde	erlyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	0	/ERE AUTOMBY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF D	EATH (C)	hack only o	oe)			_		
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1												
27. MANNER OF DEATH	26a. DATE OF (Month, De	INJURY	28b. TIM	E OF 2	Sc. IN.	JURY AT		28d. DESCRIBE HOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be	F INJURY — At h	M 1 YES 2 NO  IRY — At home, farm, street, factory, office pecify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				rte Number,			
4 Homicide determined  29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF	CIAN: To the best of an example of an exampl	my knowledge, d	r Investigatio	n, in my opi		leath occu		e to the ce	use(a) and mer	nner as ste id due to 10 29d. DAT	he cause(a) (	and manner as stated.  Worth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHE FREDERICK P. SMIT					.,	NW W	VASH.	INGT	ON, D.(	G. 2	20015	
31. DATE FILED (Month, Day, Year)		BIS SIGNATURE							-			

	1 - STATE REGISTRAR		CERTIF		F DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)  Margaret E.	Watkins				2. DATE OF OEATH DO NONTH 7-16-9		ar 10:45 A. M
	4. SOCIAL SECURITY NUMBER	S. SEX 8. AC	GE (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	6. 6	BIRTHPLACE (State or Foreign
		1 M 2 AF	82 YRS.	MONTHS DAY	'S HOURS MIN	10-20-08	W	ashington, D.C
_	9e. FACILITY NAME (If not institution, give street			100 000 000	N OR LOCATION OF		9c. COUNTY	
CTOR	Sacred Heart Home	e, Inc.		I	Hyattsvil	.le	Prin	ce Georges
~~ \$ \$ \$ cm	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRI	Maryland Princ	e Georges		Hyatt	sville			1 XX YES 2 NO
AL	10e. STREET AND NUMBER				10t. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5805 Queens Chapel				20782			USA
BY	11. MARITAL STATUS  1 Naver Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEOENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	It yes	DECENDENT OF HIS , specify Cuben, Ma: YES 2 XNO Sp	PANIC ORIGIN? (Specify Ye dean, Puerto Ricen, etc.) ecify:		RACE American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S	work done during	ATION most of working	16b. KINO OF BU	SINESS/INDUST	RY
ET		College (1-4 or 5+)	ille. Do NOT u	ical Wo		Nation	al Coo	graphic
COMPL	17. FATHER'S NAME (First, Middle, Last)		Ciel.	rear we				graphic
	Richard J	. Watkins				NAME (First, Middle, Melder erine Evan		
BE	19a, INFORMANT'S NAME (Type/Print)	Machiello	19b. MAILING	AOORESS (Str	et and Number or Ru	rel Route Number, City or Tov	vn. State. Zip Coo	de)
임	Katharine Well	(Niece)				Bethesda,		
	20s. METHOD OF DISPOSITION	al from State	20b. PLACE OF DISPO	SITION (Name o	cemetery, cremetory	or 20c. LC	CATION - City	or Town, State
	1 Sprial 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		other place) Oak	Hill C	emetery		nington	, D.C.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		Jos	enh Gawle	FACILITY Sons,	Inc.	
						Ave., NW; Wa		.C. 20016
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE C	OF): OF):		deserse		
	PART II. Other aignificant conditions	contributing to deat	h hut not resulting	In the under	vina cause alven	In Part I. 24e, WAS AF	AITTOREY	24b. WERE AUTOPSY FINDINGS
MEDICAL	Dulates of Jenle de	nellotus enetru	tyre II			PERFO 1 VES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ž.								
PHYSICIAN:	1 YES 2 NO	HOSPIPAL:	Outpatient 3 🗆 DOA	OTHER:	B. PLACE OF DEATH	(Check only one) ca 6  Other (Specify)		
	27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yes		JURY	INJURY AT WORK?	26d. DEŞCRIBE HOW	INJURY OCCUR	EO
R	2 Accident Investigation	20 DI ACE OF IN II	JRY — At home, farm,		YES 2 NO			
ETED	3 Suicide 6 Could not be determined	261. LOCATION (Street City or Town, State	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	onel					due to the cause(s) and ma the time, data and place, a		suse(a) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LIGENSE	NUMBER 2780	29d. DATE SI	GNED (Month Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO PSCHIJS LAR	MD 750	DEATH (ITEM 27) (TYP)  GREEN WO	e, Print)	. Or. Gn	een belt Ne	1 20	770
	31. OATE FILEO (Morith, Dey, Year)	32. REGISTRAR'S S	WINDS And	202				

1. OECEOENT'S NAME (First, Middle, Las REGINA	58)			WILI	LIAMS	3		TE OF DEAT NTH 7	DAY	199	AR	:30 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DA	TE OF BIRTH	l ır)		SIRTHPLA	CE (State or Foreign
	1 🗆 M 2 💢 🏋	3	4 YRS.					ch 5				ginia
9e. FACILITY NAME (If not institution, give						R LOCATION OF D	EATH			RINC		
4207 EASTERN				MOUR	NI KA	AINER			11	KING	L GD.	ONOL
10e. STATE 10b. COU			10c. CIT	Y, TOWN C	OR LOCAT	ION	_				100	I. INSIDE CITY
Maryland Pr	ince Georg	100	N	fount	- Rai	nier					10	LIMITS?
10e. STREET AND NUMBER		,00		10 0110	-	ZIP CODE	_		10g	. CITIZEN	OF WHAT	COUNTRY?
4207 Eastern A	venue,									Unit	ted S	States
11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AF	RMED			ENOENT OF HISPA				0- 14,	RACE -	American Indian,
1 Never Married 2 Merried		MAR OR DATES	NO		If yes, spe 1 TES	2 X NO Speci		to Rican, etc	-)		Black, WI Specify:	Black
3 Widowed 4 Novorced												
15. OECEDENT'S E (Specify only highest gr		16a, Di	ECEOENT'S	USUAL O	during mos	N st of working		66. KIND O	BUSINES	S/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)						Priva	t 0			
•	3 rd	Se	creta	ary								
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N						
Willie Newm	an					Mary M						
19e. INFORMANT'S NAME (Type/Print)						nd Number or Rure						<i>c</i>
Mary Magdalene	Burrell					at Road						
20e: METHOD OF DISPOSITION 1 X Puriel 2 Cremation 3 A R	amoval from State	20b. PLACE of cemetary	cromaton	y or other r	nlacel		1		c. LOCATIO			
4 Donation 5 Other (Specify)		<u> </u>	ion 1					6/9L	Front	t Roy	yal,	Virginia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Frazier's Funeral Home  389 Rhode Island Avenue, N.W.												
23. PART I. Enter the diseases, ahock, or heart failu	or complications there. List only one ca	use on each lin	8.	F1 38	razie 89 Rl	er's Fun node Isl	era and	Aven	ue,N		,	
23. PART I. Enter the diseases, ahock, or heart fallu	a. MULTIPL DUE TO	E STAB  O (OR AS A CONSE	OUENCE O	F1 38 not antar	razie 89 Rl	er's Fun node Isl	era and	Aven	ue,N		•	Interval Between
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. MULTIPL DUE TO	use on each lin	OUENCE O	F1 38 not antar	razie 89 Rl	er's Fun node Isl	era and	Aven	ue,N		•	Interval Between
23. PART I. Enter the diseases, ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. MULTIPL  DUE TO  B. DUE TO	E STAB  O (OR AS A CONSE	OUENCE O	F1 38 NO.5 NO.5	razie 89 Rl	er's Fun node Isl	era and	Aven	ue,N			Interval Between
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. MULTIPL  DUE TO  C. DUE TO  d.	E STAB O (OR AS A CONSE	OUENCE O	F1 38 not anter	razie	er's Fun node Isl da of dying, su	and	Aven	ue,N	oppsy	24b. WE	Approximata Interval Between Onset and De On
23. PART I. Enter the diseases, ahock, or heart failured in the sease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. MULTIPL  DUE TO  C. DUE TO  d.	E STAB O (OR AS A CONSE	OUENCE O	F1 38 not anter	razie	er's Fun node Isl da of dying, su	and	Aven	ue, N. respirator	oppsy	24b. WE	Interval Between Onset and De
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and in the conditions i	b. DUE TO  d. HOSPITAL:	E STAB O (OR AS A CONSE O death but not	EQUENCE O	F1 38 not enter	razie 89 Ri r the mo	er's Funnode Isl de of dying, su g cause given in	era and ch as c	Aven ardiac or s  24a. W	ue, N. respirator	oppsy	24b. WE	Interval Betwo Onset and De Death of Caus Interval Between To Interval Between To
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO  d. HOSPITAL: 1   Inpatient 2	E STAB O (OR AS A CONSE	GOUENCE O	F1 38 not enter	razie 89 Ri r the mo nderlying 28. Pt. Fit: Fit: Fit: Fit: Fit: Fit: Fit: Fit:	g cause given for	era and n Part I	Aven ardiac or s  24a. W	ue, N. respirator	OPPSY ?	24b. WE AMICO OF	Interval Betwo Onset and De Death of Caus Interval Between To Interval Between To
23. PART I. Enter the diseases, ahock, or heart failured in the sease of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the sease of the	b. DUE TO  d. HOSPITAL: 1   Impatient 2  28e. DATE O (Month,	E STAB  O (OR AS A CONSE	GOUENCE O	F1 38  not enter  NOS  PF:  OFF:  OTHE  4   Nu	razie 89 Ri r the mo nderlying 28. Pt. Fit: Fit: Fit: Fit: Fit: Fit: Fit: Fit:	g cause given in	nn Part I	Aven  ardiac or (  24a, William Per (  1 ) (  y one)	UE, N. RES AN AUTO RECORNED ES 2   N	OPPSY ?	24b. WE	Interval Betwoonset and De
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and in the conditions of the conditions o	b. DUE TO  d. HOSPITAL: 1   Inpetient: 28e. PLACE building ba	E STAB O (OR AS A CONSE	GOUENCE OF COUENCE OF COUNTY OF COUNTY OF COUENCE OF COUNTY OF	PT: 38  NOS  PF: OFF: OFF: OFF: OFF: OFF: OFF: OFF: O	razie 89 Ri r tha mo nderlying 28. Pt. FR: rising Hom 28. IN NO 1 U	g cause given for the property of the property	nn Part II	Aven  ardiac or c  24a. William  Per  1 (Specify)  OESCRIBE H  UBJEC  OCATION (S	UE, N.  SS AN AUTC  RFORMED  SO INJURE  T STA	OPPSY 7 HO	24b. WE AM CO OF 1 [	Interval Betwo
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions in the condition of the condition	b. DUE TO  d. HOSPITAL: 1   Inpetient: 28e. PLACE building ba	ESTAB  O (OR AS A CONSE  O (OR	GOUENCE OF COUENCE OF COUNTY OF COUNT	PT) 38  not enter  NOS  PF):  OF):  OTHE 4 Num  ME OF  JURY M  street, fac	razie 89 Ri r the mo- nderlying 28. Pt. FR: raing Hom 28c. iNJ 1   1	g cause given for ACE OF OEATH (CO. ST. Residence URY AT 19KS 2 NO.	nn Part II	Aven  24a. William PE 1 VI  vone)  ther (Specify) DESCRIBE H UBJEC  OCATION (S	UE, N.  SAN AUTO  REFORMED  STATEMENT AND IN STATEMENT STATEMENT AND IN ST	DPSY PO OCCUR ABBEI Fumber or In AVI See stated.	24b. WE AMICO OF 1 [	Interval Betwoonset and De  RE AUTOPSY FINDING  ALLABLE PRIOR TO  MPLETION OF CAUS  DEATH?  YES 2 NO
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions in the condition of the condition	b. DUE TO  c. DUE TO  d. DUE TO	ESTAB  O (OR AS A CONSE  O (OR	GOUENCE OF COUENCE OF COUNTY OF COUNT	PT) 38  not enter  NOS  PF):  OF):  OTHE 4 Num  ME OF  JURY M  street, fac	razie 89 Ri r the mo- nderlying 28. Pt. FR: raing Hom 28c. iNJ 1   1	g cause given for ACE OF OEATH (CO. ST. Residence URY AT 19KS 2 NO.	n Part I	Aven  24a. William PE 1 VI  vone)  ther (Specify) DESCRIBE H UBJEC  OCATION (S	UE, N.  SAN AUTO REFORMED  ON INJURE T STA	DPSY ?  N AVI	24b. WE AM COOP 1 [	Interval Betwoonset and De  RE AUTOPSY FINDING  ALLABLE PRIOR TO  MPLETION OF CAUS  DEATH?  YES 2 NO

Listia Savidson-Randese

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t d pa	old be	ed at
The same	shor	notifie
A IT	ā)	t be
8	V	r mus
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. The Ginar American by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral lanctor page. Should be detach filled in by the funeral lanctor page. Should be detach filled in the first of page for the filled in the fil	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
o ut	the 1	al e
SUDOL S	d in b	medi
in 24 i	ely fille	the
d with	Crem	event
execute	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the interest the completely filled in by the interest to have after death with the State Day of Health and Mental Mollege ning to build completely filled in by the interest to have after death with the State Day of Health and Mental Mollege ning to build completely filled in by the interest to the completely filled in the com	matic
ate be	ysician	tra
certifica	fing ph	othe
death	attend antal H	ry, or
at the	by the	를 V
ires th	signed	vs an
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The la	te has	2 me
CIAN:	ertifica	0 10
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AL DR	AL DIR	if iter
TIPSOF	UNER	ANT
THE	THE F	PORT
1	*	7

	1. DECEDENT'S NAME (First, Middle, Last)	,				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	Horace W	Vnn				07 0	3 91	" 8:35 m
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	35 3	IRTHPLACE (State or Foreign puntry)
5	Vashington Ac	and number) dventist	HOSD	1	ma Pa		9c. COUNTY C	tgomery
5	RESIDENCE OF DECEDENT	- 10100	100				, ,,,,,,	1
DINECTOR	MD Prin	ce Georg		attsi	ille			10d. INSIDE CITY LIMITS? 1 YES 2 (T) NO
A I	10e. STREET AND NUMBER		, ,	10	1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
5	903 Chillu	m Ma	nor		20'	183	U	SA
BT FUNERAL	11. MASTAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	- 3	RACE — American Indian, Black, Whita, atc.
							- 1	D
-	15. DECEDENT'S EDUCATI (Specify only highest grade com	npleted)	(Give kind of wor life. Do NOT use	k done during m		18b. KIND OF BU	SINESS/INDUST	ŧΥ
5		College (1-4 or 5+)		114047				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	School T	eacher	T	ME (First, Middle, Maiden		
	Minor Wynn						Sumame)	
						Wallace		
2	19a. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Tow		
	Mary Ellis					E./Washing		
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Removal	I from Stata 04	cemetary, crematory of	F DISPOSITION	(Name	DATE 200. LO	CATION — City	or Town, State
	4 C Donation 5 Other (Specify)		atioch	Ber place)	( hard Ca	17/8/ Che	ster.	S. C.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		1	ND ADDRESS OF FA	CILITY '		
	· yuu	1				neral Serv		on D C
	23. PART i. Enter the diseases, or com- shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on a	sch lina.			th an cardiac or reap		Approximata Intarvai Between Onset and Daath
		DUE TO (OR AS )	CONSEQUENCE OF):		4	oscleve		
Z	Sequentially list conditions, b		CONSEQUENCE OF):		nten	10251616	1212	
) I	if any, leading to immediate	552 10 (011 76 7	CONSESSENCE OF J.	)				
2	cause. Enter UNDERLYING							1
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DITIONITY		DUE TO (OR AS A	CONSEQUENCE OF):					
CENTIFICATIO	CAUSE (Disease or injury that initisted events	DUE TO (OR AS /	CONSEQUENCE OF):					
	CAUSE (Disease or injury that initisted events reaulting in death) LAST	ontributing to death b	out not reaulting in		ng cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
	CAUSE (Disease or injury that initisted events reaulting in death) LAST	ontributing to death b	out not reaulting in		ng cause given in	Part i. 24a. WAS AN PERFOI	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
	CAUSE (Disease or injury that initiated events resulting in death) LAST	ontributing to death b	out not reaulting in		ng cause given in	PERFOI	RMED?	AVAILABLE PRIOR TO
MEDICAL	CAUSE (Disease or injury that initisted events reaulting in death) LAST	ontributing to death b	out not reaulting in		ng cause given in	PERFOI	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions of the co	contributing to death a	out not reaulting in	tha undarlyir	ng cause given in	PERFOI	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or injury that initisted events reaulting in death) LAST  PART II. Other significant conditions of the co	contributing to death b	out not resulting in	tha underlyin	PLACE OF DEATH (C)	PERFOI	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or injury that initisted events reaulting in death) LAST  PART II. Other significant conditions of the co	contributing to death a contributing to death a contributing to death a contribution of the contribution o	petient 3 DOA	tha underlying  26. F  OTHER:    Nursing Ho  OF   28c. IN	PLACE OF DEATH (C)	PERFOI	MO MO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHISICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions of the co	COSPITAL:	patient 3 DOA	28. F OTHER: I Nursing Ho RY W	PLACE OF DEATH (C)	PERFOI 1   YES ;	MO MO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BI PHISICIAN: MEDICAL	CAUSE (Disease or injury that initisted events reaulting in death) LAST  PART II. Other significant conditions of the co	COSPITAL:   Inpatient 2 ER/Out     28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 28b. TIME	28. F OTHER: Nursing Holo OF 28c. IN Nursing Holo OF 28c. IN N 1	PLACE OF DEATH (C) The 5 Pasidence JURY AT ORK? YES 2 NO	PERFOI  1  YES ;  heck only one)  6  Other (Specify)  26d. DE\$CRIBE HOW  28f. LOCATION (Street	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BI PHISICIAN: MEDICAL	CAUSE (Disease or injury that initisted events resulting in death) LAST  PART ii. Other significant conditions of the co	CONTRIBUTING TO death & CONTRIBUTING TO SPITAL:  Inpatient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 28b. TIME	28. F OTHER: Nursing Holo OF 28c. IN Nursing Holo OF 28c. IN N 1	PLACE OF DEATH (C) The 5 Pasidence JURY AT ORK? YES 2 NO	PERFOI 1 YES ; heck only one) 6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initisted events reaulting in death) LAST  PART ii. Other significant conditions of the co	COSPITAL:    Inpatient   2   ER/Out     28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Spe	patient 3 DOA 28b. TIME INJUI	26. F  OTHER:  Nursing Ho  OF  28c. IN  Nursing Ho  OF  28c. IN  Nursing Ho  OF  28c. IN  Nursing Ho  OF  1 □	PLACE OF DEATH (C) me 5	PERFOL  1 YES ;  heck only one)  6 Other (Specify)  2ed. DESCRIBE HOW  281. LOCATION (Street City or Town, State a to the cause(a) and ma	NJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BE COMPLETED BY PRISICIAN: MEDICAL	CAUSE (Disease or injury that initisted events reaulting in death) LAST  PART II. Other significant conditions of the co	COSPITAL:    Inpatient   Property   Property	patient 3 DOA 28b. TIME INJUI	28. F OTHER:   Nursing Ho OF 28c. IN RY M 1   rest, factory, offi	PLACE OF DEATH (C) me 5  Residence JURY AT ORK? YES 2 NO ce a end placa, and du daeth occured at the	PERFOL  1 YES ;  heck only one)  6 Other (Specify)  2ed. DESCRIBE HOW  281. LOCATION (Street City or Town, State a to the cause(a) and ma	NJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  D  Lural Route Number,
10 BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or injury that initisted events reaulting in death) LAST  PART II. Other significant conditions of the co	COSPITAL:    Inpatient   Property   Property	patient 3 DOA 28b. TIME INJUIC — At home, farm, stroilly on and/or investigation,	28. F OTHER:   Nursing Ho OF 28c. IN RY M 1   rest, factory, offi	PLACE OF DEATH (C) me 5  Residence JURY AT ORK? YES 2 NO ce a end placa, and du daeth occured at the	PERFOL  1 YES ;  heck only one)  6 Other (Specify)  2ed. DESCRIBE HOW  281. LOCATION (Street City or Town, State a to the cause(a) and ma	NJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  TO NO

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	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The second of the control of the funeral directors and second of the control of the funeral directors.	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	to the model and the model of the model of the second second second of the second seco
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MA			OF HEALTH AND OF DEATH	REG. NO		1 21054	
	1. DECEDENT'S NAME (First, Middle, Last) Ellen Sarah Walke	er				2. DATE OF DEATH MONTH D		3. TIME OF DEATH  4, +6 P	
	014 40 0000	5. SEX 6.	AGE (In yrs. last birth	day) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH 02/16/16	1.0	BIRTHPLACE (State or Foreign County) Culpepper, VA	
E CH	Se. FACILITY NAME (If not institution, give stre Laurel Hospital	et and number)	-		town on Location of Curel	DEATH	9c. COUNTY	ce George's	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Anne	Arundel	100	Laurel				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO	
FUNERAL	8 North Bruce Str	eet			101. ZIP CODE 2070	)7	10g. CITIZEN	OF WHAT COUNTRY?	
BY FUN	11. MARIYAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	H	AS DECENDENT OF HISP/ yes, specify Cuban, Mexic YES 24 NO Spec	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give kin	NT'S USUAL OC d of work done d OT use retired.)	CUPATION uring most of working	siness/industry Will Home			
BE CON	17. FATHER'S NAME (First, Middle, Last) Benjamin F. Dodson	a				AME (First, Middle, Meiden Ellen Sisk			
10 8	John E. Walker				(Street and Number or Rura r Lane, Boy			<sub>de)</sub> 715	
	20. METHOD OF DISPOSITION 1 \( \times\) Burlel 2 \( \times\) Crenystion 3 \( \times\) Remove 4 \( \times\) Donastion 5 \( \times\) DUSET (Queco) 21. SIGNATURE OF FORETIAL SERVICE LICE	101	PLACE OF Diother place) Ft. Line	coln Ce	metery  Metery  AME AND ADDRESS OF F  Ancis Gasch	Bre		, Maryland	
-	23. PART I. Enter the diseases, or conshort, or haert fallure. Li IMMEDIATE CAUSE (Finel disease or coddition resulting in desth)	ist only one cause	on each line.	Do not enter	the mode of dying, su  ANAIN	ch as cardlec or resp	iratory arrest	Approximate interval Between Onset and Desti	
RIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF DUE TO))))))))))))))))))))))))))))))))))))	RAS A CONSEQUEN  RAS A CONSEQUEN  WHO  WHO  WHO  WHO  WHO  WHO  WHO  WH	MN CE OF: CE OF: h oax	yveard Ort	nd Inga	ichn		
MEDICAL CE	PART II. Other significant conditions	contributing to de	peth but not resul	ting in the un	derlying cause given I	n Part I. 24a. WAS AF PERFO 1 □ YES	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:		HOSPITAL:	R/Outpatient 3 🗆 D	OTHER OA 4 Nurs	26. PLACE OF DEATH (City Ing Home 5 - Residence	2222011			
ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY 256		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
9	3 Suicide 6 Could not be determined	28e. PLACE OF II building, etc	NJURY — At home, f c. (Specify)	arm, street, facto	ory, office	251. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	orie) 2 MEDICAL EXAMINER	_			ms, date and place, and di pinion, death occured at th			suse(a) and manner as stated.	
2	296 SIGNATURE AND TITLE OF CERTIFIER	11-11			29c, LICENSE N	UMBER	29d. DATE SI	IGNED (Month, Day, Year)	

Lanul Jack & Land

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mosts	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the	istain 70 hours about with the Ceste Dank of Health and Mental Hydiene notice to busial cremation of res
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	N	ME (First, Middle, Last)						2. DATE MONT	of DEATH	MY 0.0.1	VEAR	3. TIME OF OEA	ГН
	4. SOCIAL SECURI	Marie	Whit a sex		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		_	1945 PLACE (State or Fi	- Land
2	220-01-	0705	1 🗆 M 2 💢 F	92		MONTHS DAYS	HOURS MIN.	Mal	Day. Year)	1899	Country	rroll C	-
	90. FACILITY NAME	E (If not institution, give					OR LOCATION OF	DEATH	, , , ,	9c. COUNT	Y OF DE	ATH	
CTOR	Carlotte Committee Committ	Co. Gene	ral Hospi	ital		Rai	ndallsto	un		Bo	alto	7.	
DIREC	10e. STATE	10b. COUNT			10c. CITY,	TOWN OR LOCA						10d. INSIDE CITY	
	Maryland	-	ltimore			Glynd	ON. ZIP CODE			I to CITIZE		1 TYES 2 THAT COUNTRY?	NO
FUNERAL		ers Lane					210	71		log. Office		SA	
S.	11, MARITAL STATU		12. WAS DECEDEN FORCES? 1	T EVER IN U.	S ARMED		CENDENT OF HISP.			ee or No— 1	4. RACE Black.	— American Indi	en,
BY		Never Merried 2 Merried  Widowed 4 Divorced  Never Merried 2 Merried  IF YES, GIVE WAR OR DATES							ritorii, aic.)			Vhite	
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	<u> </u>	FUNERAL SERVICE L	ICENSEE	- Ne	COLO COLC		AND ADDRESS OF			10000	0000	200011	-
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	23. PART I. Ent sho iMMEDIATE CA disease or con- resulting in dar	dition	. Liat only one cau	se on aac	ha dasth. Do n h ilna.	ot anter the m	e Funera					Approximintarval E Onest an	ata
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	1. DECEDENT'S NAME (First, Middle, Last)	Wood			DEATH	REG. I	1-0	SEAR 12.05	TH A		
	4. SOCIAL SECURITY NUMBER 5.		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year		8. BIRTHPLACE (State or Fo.			
-	9a. FACILITY NAME (II not institution, give street Stella Maris Hos		1110.	96. CITY, TOWN	OR LOCATION OF			TY OF OEATH Baltimore			
L DIRECTOR	PESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. STREET AND NUMBER		10c. CIT	y, town or loc Strict	ATION Heigi	hts	40- 000	10d. INSIDE CITY LIMITS? 1 VES 2  ZEN OF WHAT COUNTRY?			
- Older Inc.	1303 Wendover				2074	*	UN	ited Star	tes		
5	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	. Was decedent ever in u Forces? 1 Yes IF yes, give war or dati	2 K NO	If yes,	ecentient of hispopolity Cuban, Maxies 2 NO Spe	ANIC ORIGIN? (Specify lean, Puarto Rican, etc.) cily:	Yea or No.—	14. RACE — American India Black, White, etc. Specify: Black	en,		
COMPLEIED	15. OECEDENT'S EDUCATION (Specify only highest grade complete the complete specific or the compl	ON 1 pleted) 1-4 or 5+)	Gave kind of life. Do NOT u	WSUAL OCCUPA work done during to se retired.)	TION nost of working	Deci	business/ind	USTRY			
200	17. FATHER'S NAME (First, Middle, Lest) BECNARD M.	makle			Eliz	name (First, Middle, Mell abeth	Yafe	S			
2	Eleanor Aldrin		130	3 We	ndover	of Route Number, City or Ct. Dist.		(code) Md. 20747	7		
	2te METHOD OF DISPOSITION  1	from State	PLACE OF DISPO other place) CSUTE	4 .	Cemet	-er \ 20c.	LOCATION —	City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		(-)		AND ADDRESS OF	FACILITY AFOC	198	11 P.1 5	rel c		
	ahock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CARCINOMA  DUE TO (OR AS A CONSEQUENCE OF):										
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		-							
	PART II. Other significant conditions of	ontributing to death but	not resulting	in tha underly	ing cause given	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF C OF DEATH? 1  YES 2	TO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			PLACE OF DEATH (	Check only one)					
	1 YES 2 NO 1 ( 27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Outpat  28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 26c.	NJURY AT NORK?  YES 2 NO	28d. DESCRIBE HO	Hospi				
	Accident severagetion	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm,	street, factory, of	fica	28f. LOCATION (Str City or Town, S		or Rural Route Number,			
	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAI 2 MEDICAL EXAMINER: C	N: To the best of my knowled							stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	alexa	vele	vro	29c, LICENSE N D 270		29d. DAT	E SIGNED (Month, Day, Year) 7/12/91			
2	30. NAME AND ADDRESS OF PERSON WHO C				ce-Dulan	ey Valley	Rd	Towson 2120	)4		
	JUL 16 91 July	32. REGISTRAR'S SIGNAT									

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BALTIMORE, MARYLAND 21203-3146

IN THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

In THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.

If filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middl	e Last)	02	AIL OI	DEATH	REG. NO		2 71845	OF DEATH
	by E. Whitman				MONTH I		'EAR	55 A
4. SOCIAL SECURITY NUMBER 579-01-7496	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-24-191	8.	BIRTHPLACE (Country) Maryl	State or Foreign
90. FACILITY NAME (If not institution Livingston	n, give street and number) Health Care Cer	1	× 11.1 10 - 11.11	on Location of D t Washin		1000	ce Geo	rae's
10a. STATE 10b.	COUNTY	10c. CITY,	TOWN OR LOCA	TION	A COM	, 1111	10d. IN	SIDE CITY MITS?
	Prince George's Georges Drive	] F(		hington H. ZIP CODE		,	N OF WHAT CO	ES 2 X NO
10e. STREET AND NUMBER 8008 Prince 11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 X NO	If yes, s		NIC ORIGIN? (Specify Year, Puarto Rican, etc.)		U.S.A.  Black, White, Specify:	rican Indian, atc. White
	r's EDUCATION st grade completed)  College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during m retired.)	ON ost of working		e Geor	ge's C	
17 1	neese Rice	<u> </u>	.ar y	16. MOTHER'S N	School Board School Board School Board School Board			
19a INFORMANT'S NAME (Type/Pr		19b. MAILING A	DDRESS (Street	and Number or Rural	Martha Co		ode)	
Daniel J. Wh:	itman	8008 I	rince	Georges	Dr. Ft. W	ashing		
1 (A Buriel 2 Cremetion 3 4 Donation 8 Other (Spec	"y) [K	cemetary, crematory of Cesurrecti	on Ceme	ND ADDRESS OF F	ACILITY	Clinton	n, Md.	
down	P. Kale, K	),	6160 (	on Hill	as Funeral L Rd. Oxon	Hill,	Md. 20	745
23 PART I. Enter the cliseas shock, or heart is immediate CAUSE (Final disease or condition resulting in death)		ad the desth. Do not each line.  A CONSEQUENCE OF	-	ode of dying, su	ch as cardiac or res	piratory arrea	lr.	pproximate nterval Between enaet and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	A CONSEQUENCE OF)						
SEVENE	INVOWB OCL			ng cause given ir		N AUTOPSY DRMED? 2 NO	AWAILAI COMPLI OF DEA	AUTOPSY FINDING BLE PRIOR TO ETION OF CAUSE ITH? ES 2 NO
Z 25. WAS CASE REFERRED TO MEI	HOSPITAL:		26. F	PLACE OF DEATH (C	heck only one)		70	
25. WAS CASE REFERRED TO MEI EXAMINER?  1  YES 2 X NO  27. MANNER OF DEATH  1 Netural 5 Pendi	1 ☐ Inpatient 2 ☐ ER/Ou  26a. DATE OF INJURY (Month. Day. Year)	rtpetient 3 DOA 28b. TIME	OF 28c. IN	JURY AT	6 ☐ Other (Specify)  28d. DEŞCRIBE HOW	INJURY OCCU	RED	
2 Accident Invest 3 Sulcide 6 Coulc Homicide detart	igation 28s. PLACE OF INJUS	RY — At home, ferm, at pecify)		YES 2 NO	28f. LOCATION (Stree City or Town, State	it and Number or te)	r Rural Route Nu	mber,
Constant only	PHYSICIAN: To the best of my kno KAMINER: On the basis of examinet							anner as stated
296. SIGNATURE OF TILE OF	SON WHO COMPLETED CAUSE OF	)		29c. LICENSE NO	145 MD		16/91	Day, Year)
30. NAME AND ADDRESS OF PER				nton, Md.				

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ECORDS, P.O. BOX 13146,	equires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending ph	an signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the att and Mental Houlene enfor to burfal, cremation, or removal.
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2	S	E E
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2 12	1. DECEDENT'S NAME (First, Middle, Leat)	WILLI			OF DEATH	2. DATE OF DEATH MONTH	DAY 9	3. TIME OF DI		
1	4. SOCIAL SECURITY NUMBER 227327027		E (In yrs. leat birthday) 60 yrs.	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 13,		BIRTHPLACE (State of Country) Orth Carc		
CTOR	9a. FACILITY NAME (If not institution, give to Greater Laurel Be		spital		rel Mary	DEATH	9c. COUNT	of DEATH		
DIREC	10a. STATE 10b. COUNT	e George's	10c. cr Lan	TY, TOWN OR L	OCATION			10d. INSIDE C LIMITS? 1 X YES 2		
FUNERAL	100. STREET AND NUMBER 5632 Whitfield Ch			ricitt	101. ZIP CODE 20786			N OF WHAT COUNTRY		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R IN U.S. ARMEO	If ye	DECENDENT OF HISP, os, specify Cuban, Maxi- YES 25 NO Speci	can, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	UCATION	18a, DECEDENT'S (Give kind of life, Do NOT	work done durin	ng most of working	186. KIND OF	business/indus	TRY		
i u	17. FATHER'S NAME (First, Middle, Last)  James B. William	ms	- Hornicette			name (First, Middle, Makerah Watson				
2	100. INFORMANT'S NAME (Type/Print) Krisceda Williams	Ser Tage 14	195. MAILIN	G ADORESS (S)	treet and Number or Rura			ode)		
	20a. METHOO OF DISPOSITION 120 Burlel 2 Cremation 3 Ren 4 Dopation 5 Other (Specify)	noval from State	other place)		of cemetery, cremetory or		LOCATION — CH			
a a second	21. SIGNATURE OF FUNERAL BERVICE LI	Deal	Fort Lin	7474	4 Landover	J.B Rd. Land	. Jenki over, M			
CATION CATION	disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR A		OF):	AR AC	W) EM		Interva Onset		
RTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
AN: MEDICAL CE	PART II. Other algorificent condition	ine contributing to death STAFE  110US SU SN 76NS16	but not resulting		riying cause given i	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPS AMAILABLE PRI COMPLETION ( OF DEATH?  1  YES 2		
SICIAN	25. WAS CASE REFERRED TO MÉDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	26. PLACE OF DEATH (					
	27. MANNER OF OEATH	28a. DATE OF INJUI (Month, Day, Yea	RY // 286. TI	ME OF 28	e. INJURY AT WORK?	28d. DESCRIBE HO	w injury occu	RED		
[] }	1 Natural 8 Pending		VIII							
TED BY PHY		28a. PLACE OF IN II	URY — A1 home, farm.		, office	28f. LOCATION (Str. City or Town, St	eet and Number of ate)	Rural Route Number,		
MPLETED BY PHY	2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. PLACE OF INJI building, etc. (3 SICIAN: To the best of my kr NER: On the basis of axamin	nowledge, death occur	street, factory,	, deta and place, and d	City or Town, St	manner as stated			
BY PHY	2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. PLACE OF INJU- building, etc. (S SICIAN: To the best of my kr NER: On the basis of axamine	specify) nowledge, death occur ation and/or investigat	street, factory, red at the lime ion, in my opin	, deta and place, and d	City or Town, St ue to the cause(a) and he time, data and place	manner as stated , and due to the			

FOR STATE REGISTRAR

		REGISTRAR			C	ERTIFIC	CATE OF	DEATH	REG. N
		1. DECEDENT'S NAME (First,	Middle, Last)	George Han	rison yi]	benger	CET	7	2. DATE OF DEATH MONTH
		CEUIC		Learn	1	COU	LOCI	I	+
(n		4. SOCIAL SECURITY NUMBER	REM	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yeer)
(* 5		220-10-1520		1 JM 2   F	77				8-1-13
10	1	9e. FACILITY NAME (If not in		the transfer of the same				OR LOCATION OF D	EATH
ni ni	Ę,	Anne Arundel (		Hospital			Annapoli	S	
All	5	RESIDENCE OF DEC	10b. COUNT	Υ		10c, CITY,	TOWN OR LOC	ATION	
The state of the state of	DIRE	Maryland	Anne i	Arundel		Crown	sville		
permit		10e. STREET AND NUMBER				10.0		of, ZIP CODE	
Sit	FUNERAL	392 Ela Trail						21032	
physician. burial-transit	=	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S. A	RMED	13. WAS D		ANIC ORIGIN? (Specify
anding physician as the burial-trai		1 Never Married 2		FORCES?	NT EVER IN U.S. A 1 (1) YES 2 (1) WAR OR DATES	NO		specify Cuben, Mexic S 2 XX NO Speci	ean, Puerlo Ricen, etc.)
B 8	BY	3 Widowed 4 Divo	erced	WII			1	A-A	,,
r attend use as	입		EDENT'S EDU		16a. D	ECEDENT'S U	SUAL OCCUPAT	TION	16b. KIND OF E
or u	<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	le. Do NOT use	retired.)		
the hospital of detached for once.	P P	12		0	ile	chanic			Good Hu
the h	COMPLETED	17. FATHER'S NAME (First, M							AME (First, Middle, Maid
d be	BE	Hilliam G. Hil						Jennie	Saufley
retained by the hose should be detach notified at once.	0	19a, INFORMANT'S NAME (							I Route Number, City or 1
y be relage 5.	-	George R. Hilb	erger			#8 Ho11	oway Rd.	Glen Burn	ie, Paryland
may be or, page		20a. METHOD OF DISPOSIT		noval from State			OF DISPOSITIO		DATE 20c.
2 6 6 E		4 Donation 5 Other			Baltim	ore-las	hington	Crenatory	7-18-91 L
ALLINOTE, death. Page 6 may be e funeral director, page al. examiner must be		21. SIGNATURE OF FUNERA	L SERVICE L	CENSEE	//		22. NAME	AND ADDRESS OF F	Fleck F
death. tunera		/ all	1000	Weaps	al		7601	Sandy Snei	ng Road Laur
after by the moval		23. PART /. Enter the d	liseases, or	complications th	et/caused the c	leath. Do no			
hours after ed in by the or remova		ahock, or h	aart failure.	List only one ca					
fille on.		IMMEDIATE CAUSE (Find disease or condition	nal	HOOAT	tin Co	0		10000	· M. a O
ted within completely ial, cremati; event, the		resulting in death)	<b>→</b>	a. DUE TO	O (OR AS A CONS	EQUENCE OF	ean	acre	eglial
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hysician in prior to	AT	if any, leading to imme cause. Enter UNDERLY		( BE	MCA	MC	1		
certificate ding physi hygiene pri	윤	CAUSE (Disease or Injuthat initiated events	ury	DUE TO	O (OR AS A CONS	EQUENCE OF	:		
h certificate be execute and or li Hygiene prior to burial or other traumatic	CERTIFICATION	resulting in death) LAS	т						
V.O. D.O. DO.N. in death certificate be earth cattending physician Mental Hygiene prior trijury, or other traun	빙			d					
# # . # E	A	PART II. Other algolitics	ent condition	na contributing t	o death but not	resulting in	tha underly	ing cause given i	n Part I. 24e, WAS PERI
uires that signed by Health an	EDICAL								1 🗆 YES
quires n sign r Healt	ME								
has been bept. of 1	1								
V: The la cate has State De	N.	25. WAS CASE REFERRED T	TO MEDICAL					PLACE OF DEATH (C	check only one)
	HYSICIAN	1 TES 2 NO		NOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER: 4   Nursing H	ome 5 🗆 Residence	6 Other (Specify)
PHYSICIAN: this certifica with the St rked, or II	F	27. MANNER OF DEATH		26e. DATE C	OF INJURY Day, Year)	28b. TIME		NJURY AT WORK?	28d. DESCRIBE HO
	>	1 Natural 5  2 Accident	Pending Investigation		bay, roary			YES 2 NO	
WDING WDING Gath death	DB	9 Devlete	Could not be	28e. PLACE	OF INJURY — AI I	home, farm, s	treet, factory, o	fice	281. LOCATION (Stree City or Town, St.
2 4 5 4 2		4 Homicide	determined		g, and (openly)				City or lown, St
BO DIE	<b>"</b>	290. CERTIFIER	TIFYING PHY	SICIAN: To the best	of my knowledge.	death occurre	d at the time d	ete and place, and de	ue to the cause(e) end
로 보었는	COMPLETE	CONSTRUCTION OF THE PARTY OF TH							he time, dete and place,
HOSPITAL FUNERAL within 72	8	205. SIGNATURE AND TITL		-					
물물물	H	AATIA O	J Commission	10 (	OA	11.7	0	29c. LICENSE N	DWDEK
P 2 8	2	30. NAME AND ADDRESS O	E DEDOON "	THO COMPLETED CA	U LEC	M	Surface Land		
10)		1.12 1 St	A A	CA A	DEATH (IT	TEM 27)- (1/pe,	2001	STAO	, MO.
	- 0	31. DATE FILED (Month, Day	Year)	20 DECIGE	RAR'S SIGNATURE	unc	roug	-cace	1.00.
		E OIL DRIE FILED IMUNIO, DEV.	(OUI)	I SK. NEUISII	THU LANUIG C DAY				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

6. BIRTHPLACE (State or Foreign Virginia 9c. COUNTY OF DEATH Anne Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 XXNO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Unite F BUSINESS/INDUSTRY Humor (Ice Cream Trucks) laiden Surname) or Town, State, Zip Code) nd 21961 c. LOCATION — City or Town, State Laurel, Paryland Funeral Home, Inc. urel, Haryland 20707 Approximate interval Between respiratory arrest, **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AS AN AUTOPSY 1 | YES 2 | NO HOW INJURY OCCURED Street and Number or Rural Route Number, State)

n, Day, Year)

29d. DATE SIGNED (Mor

	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEAT		YEAR 3.	TIME OF DEATH
	Anniebell Wil				,	1		91	12 +1pm
N	23.7	1.00.00	GE (In yrs. lest birthday)  YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye	er)	Country)	CE (State or Foreign
M	578 - 36 - 0173  Se. FACILITY NAME (If not institution, give		6.5 YHS.	9h CITY TOWN	OR LOCATION OF D		1926	Lyn y of DEAT	chburg
₹I				-115-1-15-17	l. Mary			.G.	
2	Great Laurel F					Tanu			
	P 0			TY, TOWN OR LOCA		10-1			I. INSIDE CITY LIMITS?
-	Md. P.G.		JOX		l, Mary	land	10g. CITIZI	1	YES 2 NO
FUNERAL	1100 Owens Rd.				20745			.S.A	
3	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yes or No 1		American Indian, hite, etc.
`	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			pecify Cuban, Mexic 3 2 (NO Speci	fy:		Specify:	
	16. DECEDENT'S E	DUCATION	160 DECEDENTY	USUAL OCCUPATI	ON	Blac	K I	B1a	ck
	(Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during me		100. KIND U	r business/indu	этнт	
	7th	Conege (I-4 or 5+)	Hair	Dresse	r	Priv	ate		
COMP	17, FATHER'S NAME (First, Middle, Last)					AME (First, Middle, M			
w I	Thomas Cunnir	ngham			Mary F	leishma	n Cunn	ingh	am
0 8	19s. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or Rural	Route Number, City of	or Town, State, Zip (	Code)	
-	Herbert A. Wi				Rd. Ox				
	20s. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 III	smovel from State	20b. PLACE OF DISPO				c. LOCATION — C		
	4 Donation 5 Other (Specify)	LICENSEE	Suburb		natory		ilver	Spri	ng, Md
	MI	A.	1 /	aa. Wame a	ND ADDRESS OF FI	Morr	ow & W	oodf	ord In
	Drown	N DAG	V160		11th S				20001
	23. PART i. Enter the diseases, o shock, or heart fallur	r complications that calu e. List only one cause o		not enter the me	ode of dying, su	ch se cardiac or	respiratory arre	at,	Approximate Interval Betw
	IMMEDIATE CAUSE (Final disease or condition			1: 10.1					Onset and D
	resulting in death)	s	LOWER CHENCE	Lann	الم				3 Mg
_		- 10	CARL NOW	ou. d	reallons				140
Ď	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE O	OFF):	Gue				1 000
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	- not	S A CONSEQUENCE OF	Caus	عم رها	2001			150
RTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE O	OF):					
CER	resoluting in deadily Exst	d							
AL C	PART II. Other significant conditi	one contributing to deat	h but not resulting	In the underlyin	ng cause given in		AS AN AUTOPSY		RE AUTOPSY FINDI
2							ERFORMED?	CO	MLABLE PRIOR TO MPLETION OF CAUS
MEDIC							X		DEATH?
						THE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	PLACE OF DEATH (C	heck only one)			
YSI	1 TES 2)(1)(40	1 Inpetient 2 ER/		4 Nursing Ho	me 5 🗆 Residence	6 Other (Specify	1)		
표	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJU (Morth, Day, Yo		JURY W	JURY AT ORK?	28d. DESCRIBE I	HOW INJURY OCCI	JRED	
à	2 Accident Investigation		LIPPAY AAAA		YES 2 NO				
8	3 Suicide 6 Could not i	building, etc. (	URY — At home, farm, Specify)	street, factory, on	Ce	City or Town,	Street and Number of State)	Y HUNE HOU	) Number,
	29a. CERTIFIER					1			
COMPL	onel	YSICIAN: To the best of my lo INER: On the basis of examin							ul manner as state
				on, in my opinion,	,				
8	296. SIGNATURE AND TITLE OF CERTIF	2000N.C	7 hD		29C LICENSE NU	MBER 172	29d. DATE	SIGNED (M	14 199
၉	30. NAME AND ADDRESS OF BERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM AT) (Typ	a Print)	DE3.	7 12	1, 0	-0 m	1
	7252 20	enway (	TH QU	ue su	20mlos	04 V	VD 50.	770	
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	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 25 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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With	nplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGI REG.		91 21061
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	H DAY Y	3. TIME OF DEATH
	MIRIAM	YI	ERKES				1991	
1	4. SOCIAL SECURITY NUMBER	100 00 000 000 000 000 000 000 000 000	100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	8.	BIRTHPLACE (State or Foreign Country)
	579-20-0764	1 M 2 XF	101 YRS.					Wash D.C.
_	9e. FACILITY NAME (If not institution, give s				R LOCATION OF DE	ATH	100000000000000000000000000000000000000	Y OF DEATH
DIRECTOR	Annapolis Conv	alescent (	Center	Ann	apolis		Anr	ne Arundel
1	10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
5	Maryland Anne	Arunde1	Anna	polis				1 TYPES 2 NO
A	10e. STREET AND NUMBER				ZIP COOE		10g. CITIZE	N OF WHAT COUNTRY?
ONER	49 Decatur Avenu				21403		USA	A
בֿ	11. MARITAL STATUS  1 X Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ENDENT OF HISPAN			RACE — American Indian, Black, Whita, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗌 YES	2 NO Specify	•		Specify: White
2	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	UAL OCCUPATION	IN .	16b. KIND OF	BUSINESS/INDUS	STRY
ų l	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tidone during mo httred.)	st of working			
1 2		4	Nurse	1		Self	Employe	ed
COMPLE	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Ma		
베 비	William H. Yerke	S				A. Matt		· · · · · · · · · · · · · · · · · · ·
5	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural F			
	Charles Bagley 208. METHOD OF DISPOSITION	T 20	Db. PLACE OF DISPOSITI	30x 332	3. Annar		21.403 LOCATION — CH	
	1 G Burial 2 Cremation 3 Rem	loval from State	other place)			1		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Oak Hil	22. NAME AT	D ADDRESS OF FAC	CILITY		ton, D.C.
- 1	> XIIIIS 1	1 Lundel		1	s/Rinald:			
200	23. PART I. Enter the diseasee, or	complications that cause	ed the death. Do not	1 TT80	) New Har	npshire	Ave Silv	ver Spring MD.
	shock, it heert fellure.	List only one cause on	each lina.	onter the me	de or dying, edci	T es cardiec of I	aupirotory arres	interval Between Onset and Dasth
١	iMMEDIATE CAUSE (Finel disesse or condition	Pennin	ahr-	An	rest.			Oliset and Dastin
ł	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF					
z		b.						
HILCALION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
5	cause. Enter UNDERLYING CAUSE (Disease or injury	C	A CONSEQUENCE OF):					
‡	that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSEQUENCE OF):					
ן ני		d						
A.	PART ii. Other significent condition	ne contributing to death	but not resulting in	ths underlyin	g cause given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3						1 D YI	8 2 NO	COMPLETION OF CAUSE OF DEATH?
MED						_		1 TYES 2 NO
ž	AT AMERICAN SERVICES							1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO	HOSPITAL:	dealers a Post	THER:	ACE OF DEATH (Ch			
	27. MANNER OF DEATH	28e. DATE OF INJURY	7 28b. TIME C	F 28c. IN.	e 5 🗆 Residence		OW INJURY OCCU	IRED
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUR		PRK? YES 2 NO			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, term, stre	et, factory, offic	•	281. LOCATION (S City or Town,		r Rural Route Number,
	4 Homicide determined	ballating, and (c).				Only or rown,	Sietey	
COMPLETED	29e, CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my kno	owledge, death occurred	at the time, date	end place, end dua	to the cause(a) end	d menner as stated	1.
5	One) 2 MEDICAL EXAMIN	ER: On the basis of examinet	tion end/or investigation,	in my opinion, o	leath occured at the	1lma, data end plac	ce, end due to the	cause(e) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	m 7.	0		29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
ם כ	Wandle	ue mi			100	1846	<u> </u>	+/149/
	30 MAME AND APPRESS OF PERSON W	HO COMPLETED CAUSE OF I	1839	Fore	st Dr.	ANNI	apolis.	MD, 21403
	31. DATE FILED (Month, Dg/, Year)	32. REGISTRAR'S SIG	SNATURE CONTROL OF		,		1	

91 21061

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funer		Xam
ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exami
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REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	וכ	21002		
1. DECEDENT'S NAME (First, Middle, La JOSEPH	st)	YANO	VICH	2. DATE OF DEATH DA O 7 02	1991	3. TIME OF DEATH 5:30 P M		
4. SOCIAL SECURITY NUMBER	The second secon	MC MC	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour			
577-34-2457	1 M 2 F	02		04/08/29		sh., D.C.		
9a. FACILITY NAME (If not institution, gir		9	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF			
AND DESCRIPTION OF THE PARTY OF	12th STREET		LANGLEY PAI	RK	PRINC	E GEORGE		
RESIDENCE OF DECEDENT  10a. STATE 10b. COU		10c, CITY,	TOWN OR LOCATION			10d, INSIDE CITY		
27.1	01-		and are Dowle			LIMITS?		
Md. Pri	nce George's		angley Park		T 100 CITIZEN OF	WHAT COUNTRY?		
8204 12th Str	aat		20903			.A.		
11. MARITAL STATUS	12. WAS DECEDENT EVE	0.011.0 40000	13. WAS DECENDENT OF HISPA					
1 Never Married 2 Married	FORCES? 1 X YE	S 2 NO	If yes, specify Cuban, Maxic	en, Puarto Rican, atc.)	Bla	CE — American Indian, ick, White, atc.		
3 Wildowed 4 Divorced	IF YES, GIVE WAR OF		1 TYES 2 NO Speci	tty:	Spe	caucas		
15. DECEDENT'S E	WWII & KO	18a, DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY	04.404		
(Specify only highest gr		(Give kind of wor	rk done during most of working retired.)					
Elementary/Secondary (0-12)	College (1-4 or 5+)	Salesma	<b>n</b>	Clothi	ina			
17. FATHER'S NAME (First, Middle, Lest)		Salesilla		IAME (First, Middle, Maiden				
The second secon				er Butt	Ournamey			
Arnold Yano	vich	T 405 MAIL NIO A	DDRESS (Street and Number or Rural		- State Tie Code)			
Mrs. Eileen	M. Tavman		Box 238, Chapt					
20a. METHOD OF DISPOSITION								
1- Buriel 2 Determetion 3 A	lemoval from Stata	20b. PLACE AND DATE Of cemetary, crematory or	other place)	1	CATION — City or			
4 Donation 5 D Other (Specify)	Me Me	. State Ve	t. Cemetery		Chelte	nham, Md.		
21. SIGNATURE OF TURERAL SERVICE	9721	1	22. NAME AND ADDRESS OF F Gasch's Funer	al Home -	4739 Bal	timore Ave.,		
23. PART I Enter the discoses,	1 2010	n	Hyattsville,					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE OF):						
PART II. Other significant condi	tions contributing#o deat	h but not resulting in	the andertying cause given-		AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
Chrone	Dosluce	we /K	Commy W	PERFOR	RMEDT I NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
0,		0	0	4		OF DEATH?		
					1.			
25. WAS CASE REFERRED TO MEDICA	LI		26. PLACE OF DEATH (C	Check only one)				
EXAMINER?	HOSPITAL:		OTHER:					
27, MANNER OF DEATH	28a. DATE OF INJUI		OF 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCUPED			
Natural 5 Pending	(Month, Day, Yea		M 1 YES 2 NO	Lou. DEGORIDE HOW				
2 Accident Investigati		IIIIV As be t		200 100071011 (0)	and Mush	of Plants Mumbar		
3 Suicide 6 Could not 4 Homicide detarmine	be building, etc. (5	URY — At home, farm, str Specify)	set, isctory, office	26t. LOCATION (Street City or Town, State,		ii rioute Number,		
CONSUM UNITY			at the time, data and place, and do			e(a) and manner as stated		
200. SUBNIANCIAL AND THE COM	2 de la constanta de la consta	or mroongenon,	29c. LICENSE N			ED (Month, Day, Year)		
24/00								
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH STEM OF CO.	OCM	E	07	03 1991		
IN HAIL	5. RENE	// (1ype, P	111 PENN STR	EET BATTE	MODE MAE	YLAND 21201		
110111		151	TO MINITAL DID	THILL THE	CHAINEL MAK			
	A I I I I I	us days.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ILAND ZIZUI		
31. DOLE EN EN MOHO ( Pay: Year)	GU AZ MEGIS MAH'S S					ILAND ZIZUI		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEAUTH AN	D MENT	AL HYGIEI	-	1	21063
	1. DECEDENT'S NAME (First, Middle, Lest) MARGARET LIL	2. DATE OF DEATH  JULY 17  AN IF UNDER 24 HRS. 7. DATE OF BIRTH					5:05pm M			
)	4. SOCIAL SECURITY NUMBER  228-94-0325  9a. FACILITY NAME (If not institution, give	5. SEX 6. AGE (In 1 M 2 1 F 82	IF UNDER 24 HR	RS. 7. DATE OF BIRTH (Month, Day, War) 8. BIRTHPLACE (State or Foreign Country) Sept. 22, 1908 Wash. DC						
OR	DOCTORS COMMUNIT				OR LOCATION OF			PRIN		TH EORGE'S CO.
DIRECT	10a. STATE 10b. COUNT	IOC. CITY, IOWN C								Od. INSIDE CITY
	Maryland Princ	Ну	attsvil						LIMITS? XXVES 2 NO	
FUNERAL	7420 Parkwood Str		- 1	20784			Unite		AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 VES IF YES, GIVE WAR OR DATE NO	2 NO	13. WAS DE	CENDENT OF NIS	xican, Puerti	ilN? (Specify Ye o Rican, atc.)	ea or No 14	Black, V	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  9th  16a. OECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired  HOUSEWIFE  HOUSEWIFE				ION lost of working	-10		Home	_	Stall
8	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S	NAME (First	, Middle, Maider					
BE	Basil R. Nelson		- December		Mary 1					
2	Paul R. Yoh				Avenue					7746
	20s, METHOD OF DISPOSITION 1 公 Burtal 2 □ Gramation 3 □ Ram 4 □ Donation 5 □ Other (Secury)	20b.Pi	LACE AND DATE O	F DISPOSITION (A	lame of	OA	TE 20c. LC	CATION - CIT	or Town	, Stata
	# [] Donation st ] Other (Section)		John s		Ch. Cer	n. 7-2	20-91 1	Beltsvi	111e	Maryland
	· / ruje /	1/Sola	Ala	FRAN	DIS GASO BALT.	CH'S S	SONS FI	JNERAL	HOM	E, P.A.
NO	immediate Cause (Finel disease or condition reculting in death)  a. intra Curulya Halmor hary  oue to (or as a consequence of):								Interval Between Onset and Death	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thei initiated events reaulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CAL C	PART II. Other algnificent condition	e contributing to death but	not resulting is	n the undariyir	g ceuse given	in Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
MEDI							PERFOI		OF	AILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH	(Check only o	ne)			
is.	1 YES 2 NO	HOSPITAL:	ent 3 🗆 DOA		ne 5 🗆 Residenc	ce 6 🗆 Oth	er (Specify)			
ВУ РР	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	M 1	JURY AT DRK? YES 2 NO	28d. OE	SCRIBE NOW	NJURY OCCUR	EO	
	3 Suicide 5 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Number,	
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.								d manner as stated.	
TO BE C	ff Bnos	196. SIGNATURE AND TITLE OF CERTIFIER				3 1 8	BER 29d. DATE SIGN			onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WN R. G. BHOJRA	J,MD 702	1 GOR	MAN	AVE,	# 7-	1- LA	UREL	, M	D 20707
	JUL 1 9 '91	Julia Davidson-Rang								
			(2	7						DHMH-16 Rev 1/89

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within 2	pletely	crematic
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Pag	IRRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	in 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
ate be e	ysician	prior to
certific	ding ph	Hygiene
e death	he atter	Mental
at th	by th	pue
alres th	signed	Health
regi	een	10
e law	has t	Dept
IN: T	ficate	State
SICI	cert	the c
PHY	this	Witt
DING	After	death
TEN	TOR:	affer
OR A	DIREC	hours
PITAL	FRAL	22 0

ENDING PHYSICIAN: The law requires that the death certificate be executed within 2 would after death. Page 6 may be retained by the hospital or attending physician.  DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  B is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY FUNERAL DIRECTOR	20 1/4 4
filled in by ion, or rem	Ik di
ENDING PHYSICIAN: The law requires that the death certificate be executed within 2—motiss after of DR: After this certificate has been signed by the attending physician and completely filled in by the 1 fer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 8 is marked, or Item 23 shows any injury, or other traumatic event, the medical execution BY PHYSICIAN: MEDICAL CERTIFICATION	И
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ttendin tal Hyginal	S If
by the a nd Men injury	P.
ENDING PHYSICIAN: The law requires that the death certificate be execute DR: After this certificate has been signed by the attending physician and cot for death with the State Dept. of Health and Mental Hygiene prior to burial is marked, or Item 23 shows any injury, or other traumatic ED BY PHYSICIAN: MEDICAL CERTIFICATION	
N: The law ficate has b State Dept. Item 23	25
is certif ith the ed, or	27
After the death we death we mark	
EN SE SE	

1 - FOR STATE REGISTRAR

91 21064 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ļ	1. DECEDENT'S NAME (First, Middle, Last)								2	2. DATE OF OEATH DAY YEAR 3. TIME OF OEATH				
	JOHN ROSS BELL								_	JULY 31 1991 9				9:45 AM
ŀ	4. SOCIAL SECURITY NUMBER	R	5. SEX 6	AGE (In yrs. lesi		IF UNDER	1 YEAR	HOURS MI	RS. 7.	(Month, Day,	rbar)		BIRTNPLACE (State or Foreign Country)	
	218-07-5595	76	76 YRS. Sh. CITY, TOWN OR LOCATION OF								MARYLAND			
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  VA MEDICAL CENTER  RESIDENCE OF DECEMENT							WARD	OF DEAT	N			TIMO	
E E	10e. STATE 10b. COUNTY				10c. CIT	Y, TOWN C	OR LOCA	TION		11				10d. INSIDE CITY LIMITS?
5	MARYLAND				BAI	TIMO	RE							1 X YES 2 NO
AL	10e. STREET AND NUMBER						10	. ZIP CODE		10g. CITIZEN OF WHA				HAT COUNTRY?
FUNERAL	3115 MONDAW	MIN AV						21216		UNITED				STATES
5	11. MARITAL STATUS  1 Never Merried 2 N	Married	12. WAS DECEDENT I FORCES? 1 TO IF YES, GIVE WAS					lexican, i			or No-	14. RACE Black	- American Indien, White, etc.	
à l	3 Widowed 4 Divor							s s ⊠No s	Specify:				Specif	y: BLACK
	15. DECE	DENT'S EDUC	CATION WORLD	WAR II	CEDENT'S	USUAL O	CCUPATI	ON		18b. KIND	OF BUSI	NESS/INC		BEHOR
COMPLETED	Elementary/Secondery (0-	highest grade 12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)	aunng m	ost of working						
MPL				CO	ONTRA	ACTOR	2			PA	INTI	NG		
8	17. FATHER'S NAME (First, Mic	ddle, Last)						16. MOTHER	'S NAME	(First, Middle,	Maiden S BOLI			
BE	ROLAND	BELL						MARY	STA	NLEY	BOWL	ER		
2	Jacki B. Westin			190	7802	Jaki	Serre	end Number or F Glen E OINT R	Bural Aou	te Number, City	1061	State, Zip	Code)	
	CLINICAL REC													21052
	20a. METNOD OF DISPOSITION 1A Burlel 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory of the place) Carent Constant Next													
	4 Donetton 5 Other (Specify) Garrison Forest Veteran Owings Mills, Md													
	× (900		Me	1				h F/h We						
	100	2_/	Marc					0 Wabas						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onest and Death													
	IMMEDIATE CAUSE (Fine disease or condition													Onset and Death
	resulting in death)	<b>→</b>	a. CARCINO				M H	ETASTA:	SIS	IS_				ONE YEAR
_	DUE TO (OR AS A CONSEQUENCE OF):									j				
Ó	Sequentially flat conditions,  If any, lasding to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG	с											
<u>E</u>	that initiated events		DUE TO (C	OR AS A CONSE	DUENCE O	F):								
ER	resulting in dasth) LAST		d											
10									WERE AUTOPSY FINDINGS					
MEDICAL	ANEMIA EMACIATION, COLOSTOMY								CON				AVAILABLE PRIOR TO COMPLETION OF CAUSE	
			•							_   ' "	100	X		OF DEATH? 1 YES 2 NO
- 1	, , , , , , , , , , , , , , , , , , , ,													
N.	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  LOSPITAL:  OTHER:													
NS.	1 TES 2 X NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		me 8 🗆 Reelde	ence 8	Other (Spec	offy)			
PHYSICIAN:	27. MANNER OF DEATH	1 5	28a. DATE OF II (Month, Day		28b. TIR	AE OF JURY	28c. IN	JURY AT ORK?	1	8d. DEŞCRIBE	HOW IN	JURY OC	CURED	
BY		Pending Investigation				M		YES 2 N	10					
ED		Could not be		INJURY — At he tc. (Specify)	ome, farm,	atreet, fac	tory, offi	ce	2	City or Town		nd Numbe	r or Rural F	loute Number,
	4 Nomicide datermined													
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner ee stated.													
Ö	2   MEDI			mination end/or	Investigati	on, in my	opinion,	death occured	at the tir	me, date end p	lece, end	due to t	he cause(s	) and manner ee stated.
29c. LICENSE NUMBER  29d. DATE SIGNED (Month,							(Month, Day, Year)							
2	20 NAME AND ADDRESS OF				14 OT (7	. 04. "								
	30. NAME AND ADDRESS OF			Y			TICE							
	PETER V. JU' 31. DATE FILED (Month, Day,		1.D., VA M	EDICAL S SIGNATURE	CEN'	TER,	FOR	T HOWA	KD,	MD 2:	1052			
	AUG 2		32. BEGISTRAR	widson-A	inde B									
	MUUG	1,1,1	1.0	-										

Language.	burial-transit permit. Pages 1, 2, 3 should			
of may be remembed by the mosphial of attended	ector, page 5 should be detached for use as the		must be notified at once.	
מוואל מי וווואל מי ווווואל מי וווואל מי וווואל מי וווואל מי וווואל מי וווואל מי ווווואל מי וווואל מי ווווואל מי ווווואל מי ווווואל מי ווווואל מי ווווואל מי ווווואל מי וווואל מי ווווואל מי וווואל מי וווואל מי וווואל מי וווואל מי ווווואל מי וווווואל מי ווווואל מי וווווואל מי ווווואל מי ווווואל מי ווווואל מי ווווואל מי ווווואל מי ווווואל מי וווווואל מי וווווואל מי וווווואל מי וווווואל מי וווווואל מי ווווווואל מי וווווואל מי וווווואלא מוווואל מי וווווואלא מי ווווואלא מוווואלא מוווואלא מי ווווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מווווואלא מווווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מוווואלא מווווואלא מווווואלא מווווואלא מווווואלא	in and completely filled in by the funeral dir	to burial, cremation, or removal.	umatic event, the medical examiner	
	has been signed by the attending physicia	Dept. of realify and mental riggiene prior	DITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	
	HE FUNERAL DIRECTOR: After this certificate has been within 72 hours after death with the State Door of	in it nous and death with the State	T: If item 28 is marked, or item	
	21	-	DHILL	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE GISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEA	ATH
1	ROBERT E.		В	ICHELL	07 29 Y			3:09	Ри	
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	SIC.	7. DATE OF BIF			8. BIRTHPLACE (State or Foreig	
	216-32-2372	1 M 2   F	55 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,	Year)	Country	)	roraign
	9s. FACILITY NAME (If not institution, give a		))	25 OFT 5000		6-24-3			d.	
Œ	115 S.MONROE				OR LOCATION OF D		9c. COU	NTY OF DE	ATH	
18	RESIDENCE OF DECEDENT	SIREET		BALT	IMORE C	T.T.A		N/A		
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOCAL	TION				10d. INSIDE CIT	w .
등	Md.	N/A							LIMITS?	
_	10s. STREET AND NUMBER	N/A			imore				1 X YES 2	
FUNERAL		T 7 1 1	Second View	101	r. ZIP CODE				HAT COUNTRY?	
y	115 S. Monroe St.				21223		U.S	S.A.		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT	YES 2 THO	13. WAS DEC	ENDENT OF HISPAT ecity Cuben, Mexics	NIC ORIOIN? (Spe	cify Yes or No-	14. RACE	- American Inc	llen,
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAI		1 TYES	2 NO Specif	y: 37/	RC.)	Specify		
		<u> </u>				N/A			White	9
TE	t5. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of s	USUAL OCCUPATION	ON ost of working	16b, KIND	OF BUSINESS/INC	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)		- 1				
M M	N/A	N/A	Home	Improve	ments			N/A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Malden Sumame)			
BE (	Elmer Bichell	L				an Mett				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street s	and Number or Rural			Code		
5	Robert E. Bichell	l. Sr.	907 Ki	nwat iv	e Ess	ov Md	21 221	(000)		
								-		
	20s. METHOD OF DISPOSITION  1									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENERE	Gren Have				len Bur	mie,	Md.	
		ZENSEE		22. NAME AN 351	Preder	CILITY	111.0			
	G. Truman S	Schwab			timore, 1					
	23. PART I. Enter the diseases, pr		aused the death. Do n	of order the me	de el dulma evel	10.0 2122	- 7			
	onock, or habit failule.	List only one cause	Dn aach line.	ot arkar tria mo	de or dying, suc	n as cardiac or	respiratory arr	eat,	Approxim	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE									
	reaulting in death)	ARTERIOSCU	EROTIC CARDIOV	ASCULAR .	DISEASE					
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequantially list conditions, b.									
CERTIFICATION	if any, laading to Immediate									
ਨੂ	cause. Entar UNDERLYING CAUSE (Disease or Injury	C							ļ	
<b>E</b>	that initiated events	DUE TO (O	R AS A CONSEQUENCE OF	7):						
1	resulting in death) LAST	d								
	DARY II Oshon cinciliano a serial								+	
EDICAL	PART II. Other significant condition					Part I. 24s. W	AS AN AUTOPSY ERFORMED?		VERE AUTOPSY F	
8	DIMBETES MELLITUS	, CHRONIC PA	CREATITIS, CHR	ONIC ALCON	HOLISM		rES 2 NO		WAILABLE PRIOR COMPLETION OF	
	<u> </u>						20 2		OF DEATH?	
4								1 '	YES 2	NO
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			00 84	AGE OF DEATH OF					
2	EXAMINER?	HOSPITAL:		OTHER.	ACE OF DEATH (Che					
¥	27. MANNER OF DEATH			7	5 A Residence					
효	1 Netural 5 Pending	26e. DATE OF IN. (Month, Day,	JURY 26b. TIME Year) INJE		URY AT RK?	28d. DESCRIBE	HOW INJURY OCC	URED		
À	2 Accident Investigation			M t 🗆 Y	ES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE OF II building, etc	NJURY At home, ferm, s	treet, factory, office	,	28f. LOCATION	Street and Number	or Rural Roi	ute Number,	
	4 Homicide determined	1 1 1 1 1 1 1	( opcony)			City or Town,	State)			
COMPLETED	298. CERTIFIER	CIAN: To the heat of -	broudeder death and							
2	(Check only one) 2 DE MEDICAL EXAMINE	B: On the besid of area	knowledge, death occurre	d at the fime, dats	and place, and dus	to the cause(s) s	nd manner as atat	ed.		
8			nination and/or investigation	n, in my opinion, de	eath occured at the	tims, date end pie	ics, and dus to the	s ceuse(s) s	and manner es a	stated.
BE	296 BIGHATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	IBER	29d. DATE	SIGNED (A	Aonth, Day, Year)	
						9.1				
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)	0.0.1	1.1.	07/	50/	<i>)</i>	
	DONALO G. WRIGHT N				EET, BAI	TIMORI	E.MARVI	AND	21201	
	31. DATE FILED (Month, Day, Year)	32 REGISTRADIO	SIGNATURE				- 1 1111/11	21111	2120	
	AUG 2 1991	Lika Namia	on-Randale							
	2 10.01	a would	on-Nandell							

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OF VITAL	PHYSICIAN:
DIVISION	L OR ATTENDING P
$\leq$	OR
_	HOSPITAL

BE COMPL

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 curs after death. Page 6 may be fetained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF 1	MARYLAND /	DEPAR ERTIF					MENTAI	L HYGIEN	_	1	2	066
	1. DECEDENT'S NAME (First, Middle, Last)		_							OF DEATH			3. TH	ME OF DEATH
	TULIA	BI	TT	INC	E	R		MONTH	3	(	9 PAR		10:24Am	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	l birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE	(State or Foreign
	218-18-6527	1 □ M 2 💢 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		1 y 10 ,	192	Countr R M		yland
	9a. FACILITY NAME (If not institution, give st	reet and number)	00		9b. CITY	TOWN C	R LOCATI	ON OF DE		TATO		INTY OF D		yland
œ	The state of the s		1		11-									
18	Good Samarita	n Hospi	rtal			BA	Itli	nore	2			ват	נו	more
l m	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d.	INSIDE CITY
DIRECTOR	Md.	Baltimo	ore			Ess	ex							YES 2 NO
	10e. STREET AND NUMBER						. ZIP COD	E			10g. CIT	TIZEN OF V	VHAT (	COUNTRY?
FUNERAL	327 Lorrain	ο Δπο						2122	1			USA		
ള	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (	OF HISPAN	VIC ORIGIN	I? (Specify Yes	or No-		_	nericen Indian, a, atc.
	1 Never Married 2 Married	FORCES? 1	YES 2	10			ecify Cubi			Rican, etc.)		Speci		e, atc.
B	3 Wildowed 4 Divorced						- 30	opoon,	,.			1		White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON of world		18b	KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5		No kind of v					- 1 -	0 1	-1 1	Data	_	
鱼	12th		Ma	rket	ing	& Re	soa	rce		Contr	OT I	Data	C	orp.
ő	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, I	Middle, Malden	Sumame)			
BE	Charles P	. Brvar	ı					Jυ	llia	Midd	let	on		
	19a. INFORMANT'S NAME (Type/Print)	17-		b. MAILING	ADDRES	S (Street a	nd Numbe			ber, City or Tow				
٤	Rosalind Bro	oks		206	5 We	st	Moni	umer	it S	treet	BA1	timo	re	Md.21201
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (No	ame of cer	netery, crea	matory or		20c. LO	CATION -	- City or To	own, S	tata
	1 Surial 2 Cremation 3 Remarks Donation 8 Other (Specify)	DVBI Irom State	_ GAK	LAV	n C	eme	ter	y		BA	Itl	more	M	d.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	A	_	22.	NAME A	ND ADDRE	SS OF FA	CILITY					
	(×, 00.	E	11.		/ C	onn	e11	yFur	neal:	Home3	00M	AceA	ve	.21221
	23. PART I. Enter the discessor or o	unu(	ax M	mi	1								-	
	shock, or haert fallure.	List only one ce	uee on aech line	9.	iot anter	the mo	de oi ay	ing, suc	il as care	siac or reap	iratory a	rreat,	-	Approximata intervel Batween
	IMMEDIATE CAUSE (Finel disease or condition	100				-	2	EV.		11010			-	Onset and Death
	reaulting in deeth)		TAST			4		01	<u> </u>	0100	1			24 MONIA
		DUE TO	OR AS A CONSE	OUENCE O	F):									
8	Sequentially ilat conditions,	b	O (OR AS A CONSE	OUENOE O	n.									
Ě	If any, leading to immediate cause. Enter UNDERLYING	DOE IC	OH AS A CONSE	OUENCE O	r):								j	
일	CAUSE (Diseese or injury	c. DUE TO	OR AS A CONSE	OUENCE O	P:								-	
ERTIFICATION	that initieted events resulting in deeth) LAST		(		. ,.									
8		d											-	
	PART ii. Other eignificent condition	_	deeth but not	reaulting	in the u	nderlyln	g ceuse	given in	Part I.	24e. WAS AN	AUTOPSY	y 241		E AUTOPSY FINDINGS ABLE PRIOR TO
5	4 000	TEM IFT								1 TYES			COM	PLETION OF CAUSE
	OF DEATHY							YES 2 NO						
2							in a yellin							
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
100	26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 Inpatiant 2 ER/Outpetient 3 DOA  4 Norsing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY (Monin, Day, Vear)  (Monin, Day, Vear)  28. TIME OF Residence 6 Other (Specify)  28. DATE OF INJURY WORK?													
¥	27. MANNER OF DEATH  280. DATE OF INJURY  28b. TIME OF  28b. INJURY AT  28b. DESCRIBE HOW INJURY OCCURED													
	1 Netural 5 Pending	(Month,	Day, Year)	IN.	JURY M		YES 2	NO						
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE	OF INJURY — At h	ome, farm,	street, fed				28f. LOC	CATION (Street	and Numb	per or Rural	Route	Number,
윤	3 Suicide a Could not be 4 Homicide determined	building	, atc. (Specify)						City	or Town, State	)			

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated.

(Check only

One)

2 MEDICAL EXAMINES: On the basic of examination and/or immediately in my column death occurred at the time, data and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner se stated

29d. DATE SIGNED (Month, pay, Year)

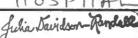
7 31 91 29c. LICENSE NUMBER

29b. SIGNATURE AND TITLE OF CERTIFIER

FRED TACKEY MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

GODD STATEMENT HOSP TACKET OF THE PRINTING OF THE



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Cab	

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				G. NO. 9	21067
		1. DECEDENT'S NAME (First, Middle, Last)	Lillian E. B	Brown			2. DATE OF DI		3. TIME OF DEATH
		2.0 1.00.1		yrs. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	Year)	BIRTHPLACE (State or Foreign Country)
phould		9e. FACILITY NAME (If not institution, give street	- /\ 1/3 - <del>-</del>		b. CITY, TOWN O	R LOCATION OF DE	1210 ATH	9c. COUNTY	Balto, Md.
1, 2, 3 s	TOR	FAIR MOUNT	NURSIN	ig CNTR	73A	LTIM	ORE	N/A	3.2
Pages	DIRECTOR	10a, STATE 10b, COUNTY N/A	-		timore			10	10d. INSIDE CITY LIMITS?  1 YES 2 NO
physician. burial-transit permit. Pages 1, 2, 3 should	18	104. STREET AND NUMBER	2	Dat		ZIP CODE	ì	10g. CITIZEN	OF WHAT COUNTRY?
sician. al-transi	FUNERAL	11. MARITAL STATUS 12	D WAY	U.S. ARMED		ENDENT OF HISPAN			RACE — American Indian, Black, White, etc.
	BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ES	1 Tes	2 NO Specify		etc.)	Specify: WHITE
he hospital or attending detached for use as the once.	TED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	18e. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during mos	N at of working	16b. KINI	OF BUSINESS/INDUST	IRY
nospital iched for	COMPLET	12th Grade	College (1-4 or 5+)	Special	Investi			ch Pratt I	ibrary
by the hos be detach at once.	ш	17. FATHER'S NAME (First, Middle, Last) Anthony Kuchta				16. MOTHER'S NAI Unknown	ME (First, Middle	, Meiden Surneme)	
5 should notified	TO B	190. INFORMANT'S NAME (Type/Print)  Edwards H. Brown (H	Jusband)					ity or Town, State, Zip Co	
e 6 may be ector, page must be		20a, METHOD OF DISPOSITION  ABurtel 2 Cremetion 3 Removal	1 from State	PLACE OF DISPOSIT	TION (Name of cen			20c. LOCATION — City	y or Town, State
Page 6 al directo ner mu		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	Ga	rdens of		ID ADDRESS OF FAC	8/2	Baltimore	e, Maryland
or death. Pag he funeral dir al.	2	* Kathlun	M. Muyo	her	6415 B	elair Ro	ad, Ba		Maryland 21206
ited within c., iours after death. Page 6 may be completely filled in by the funeral director, page ital, cremation, or removal.		23. PART . Enter the diseases, or comended, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	End St	ch line.				or respiratory errest	Interval Batween
h certificate be exect anding physician and Hygiene prior to but or other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF)					
requires that the ceen signed by the of Health and Me	MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  24b. WEF PERFORMED?							
N: The law the first has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
SICIAN: certifica the Str	HYSI		☐ Inpatient 2 ☐ ER/Oulps  28a. DATE OF INJURY	ntient 3 DOA 28b. TIME	OF 28c. INJ		-	ecify) BE HOW INJURY OCCUP	RED
DING PHYS After this c death with s marked,	ву Р	1 Actural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆 '	PRK? YES 2 NO			
CTOR: after	TED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Speci	— Al nome, tarm, at	reet, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
A A Z	COMPLETED	cont only	AN: To the best of my knowled On the basis of examination						ceuse(e) end manner as stated.
TO THE HOSPI TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER	attr.	M		D377	25	29d. DATE S	30 19 1
	DT.	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA		EURCE	H Hes	pita	1 But	Himore, MD
12		31. DATE BLED (Month, Des 199	A TO PENSION	- The se			1	7	,

BALTIMORE, MARYLAND 21203-3146
us after death. Page 6 may be retained by the hospital or attending physician.
in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HIGH HE WITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the In	TO THE FUNDMENDIFFICIAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burkal, cremation, or removal.	isoportaur, is team 30 is marked as feem 32 shows any inline, or other traumatic areast the markets available must be notified at once
H	F 3	=

REGISTRAR		CERTIFIC	ATE OF DEATH	F	REG. NO.	
	M. C00			2. DATE OF MONTH	1 29 19	YEAR 9:12A M
4. SOCIAL SECURITY NUMBER 315-24-598	7 1 🗆 M 2 🍂 F	65 YRS.		IIII. JAN	26, 19 26	BIRTHPLACE (State or Foreign Country) RALTTI-ORE
9a. FACILITY NAME (If not institution, give	street and number)	91	BALTIMORE	OF DEATH	9c. COUNT	TY OF DEATN
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN  MD.	TY	10c. CITY, T	DWN OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2120 W. BALTIMO	RE STREET		101. ZIP CODE 212.	23	10g. CITIZI	USA.
11. MARITAL STATUS 1 Never Married 2 Married 3 Nudowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF N If yes, specify Cuben, is 1 TYES 2 NO	lexican, Puarto Rica		14. RACE — American Indian, Black, Whita, etc. Specify: BLACK
15. DECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)		MAL OCCUPATION done during most of working eired.)  EWIFE	16b. KIN	ND OF BUSINESS/INDU	STRY
17. FATNER'S NAME (First, Middle, Lest)  ROSS DRUM	WRIGHT			'S NAME (First, Midd ELLA WI	,	
19a. INFORMANT'S NAME (Type/Print) DORETHA I			DRESS (Street and Number of ILDWOOD PARK			
20a. METHOD OF DISPOSITION  1 🖾 Burlal 2 🗆 Cremation 3 🗆 Ra  4 🗆 Donation 5 🗀 Other (Specify)	moval from Stata	other place)	ON (Name of cometery, cremeto	ry or	20c. LOCATION — C BALTIMO	ORE, MD.
21. SIGNATURE OF PÜNERAL SERVIDE	CENSEE AX	Bron	/	ROWN JR. FU	UNERAL HOME	P.A. 23 P.O. BOX 4433
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):		PATHY	HEART	Interval Between Onset end Deetl HRS  YRS  YRS
PART II. Other eignificant condition	one contributing to death to			Dus	ia. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? MR ROCARDOSS.	HOSPITAL:		26. PLACE OF DEAT			
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Nursing Nome 5 Resid	28d. DESCRI	IBE HOW INJURY OCC	URED
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26a, PLACE OF INJURY	f — At home, farm, stre	et, factory, office		ON (Street and Number of lown, State)	or Rural Route Number,
one)	SICIAN: To the best of my know NER: On the bests of axamination					od, o cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF		MO	29c. LICENS	6 NUMBER () 596	29d. DATE	SIGNED (Month, Day, Year)  TULY 79 1991
30. NAME AND ADDRESS OF PERSON N				PITAL		SALTIMORE ST 1D 21223
31. DATE FILED AJONIN Day, Year 991	32. REGISTRAR'S SIGN			1, 10		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Just after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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IL 06	101	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	f Ite
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	FOR 1 - STATE	STATE OF I	MARYLAND /	DEPAF	RTMENT	OF H	EALTH	AND I	MEN			91	21069
	AEGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	· Pe	rry Chi	lds	ICATE		- 1	IH		ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		uds	AKA P		7				_	7 2	8 1	991	0543 A M
	4. SOCIAL SECURITY NUMBER 019 12 2043	5. SEX 1X M 2 ☐ F	6. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. 0. (A	onth, Day, Year)	1923	Countr	PLACE (State or Foreign y) sachusetts
	Se. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE		,	_	NTY OF D	
E O	Shady Gove	Hospi	tal				kvil				100	gome	
ᇈ	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY		10c CI	Y. TOWN O	R LOCAT	ION						10d. INSIDE CITY	
E I	,524,544	gomery			aith								LIMITS?  1 YES 2 X NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 9701 Fields Roa	.d				10f	2087					J.S.A	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Nerried 3 Nidowed 4 Divorced	FORCES?	IT EVER IN U.S. AI YES 2 X MAR OR DATES		1	f yes, sp	ecify Cubi		ın, Pue	RIGIN? (Specify Yorlo Ricen, etc.)	s or No—	14. RACE Black Speck Whil	— American Indien, , White, etc. fy: .te
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DI	ECEDENT'S	USUAL OC	CUPATIO	ON		Т	16b. KIND OF BI	JSINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done o	unng mo	St of Work	ng					
MP	12			Mana	ager					Restau	rant		
8	17. FATHER'S NAME (First, Middle, Last)	*1					18. MOT			Irst, Middle, Meide			
8	Charles Chil	ıkas	1							Dennis		0.11	
2	Athena Childs	(Wife)	11		ame a			r or Hurai	Houte	Number, City or To	wn, State, Zi	p Code)	12
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION /Na	me of cer	metery cre	matory or		20c. L	OCATION -	City or To	wrn. Stata
	1 Buriel 2 ☐ Cremetion 3 ☐ Reme 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	other p WO	odlar	wn Ce	mete	ery	,			veret		
	21. SIGNATURE OF FUNERAL SERVICE LIC		,		22.	NAME A	ND ADDRE	SS OF FA					_
	Dariel	7. N	auto	1				Fune hurcl		1 Servi	ce		
	23. PART I. Enter the diseases, pr										piretory sr	rest,	Approximate
	shock, or haart fallura.  IMMEDIATE CAUSE (Final	List Drily Ona Ca	use on aach iin										interval Between Onset and Death
	disease or condition resulting in death)	. L	S	مص	n ce	1							one year
		DUE TO	OR AS CONSE	GUENCE	P):								
ON	Sequantially list conditions,	b	OR AS A CONSE	OUENCE O	)FI·								
F	if sny, leading to immediata cause. Enter UNDERLYING		100000		Number of J.					į			
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	GUENCE (	GUENCE OF):								
ᇤ	resulting in death) LAST	d											
2	PART II. Other algolificant condition	s contributing to	death but not	resulting	in the un	derivin	d Callan	niven in	Part	i 24a WMS A	N AUTOPSV	245	. WERE AUTOPSY FINDINGS
S	Chamie dans	11.	.40	14-6			g vacaa	givani		PERF	ORMED?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Joshania Cons	diagonia	1	<	h. H.		a mak	0	1	1 TYES	2 M		OF DEATH?
Σ.	Tarred Pront -	and che	J. A.	1	Tax	2	2021	ريمن	C				1 YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL	CIO	USANT I		nun	26. PI	LACE OF	DEATH (C)	heck or	nly one)			
Sic	EXAMINER?	HOSPITAL: 1 Winnetlent 2	☐ ER/Outpatlant	3 🗆 DOA	OTHER		ne 5 🗆 F	lesidence	8 🗆	Other (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28e. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF		JURY AT		28d	. DEȘCRIBE NOW	INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М		YES 2	□ NO					
COMPLETED	3 Suicide a Could not be determined	28e. PLACE building	OF INJURY — At h i, atc. (Specify)	ome, farm,	street, fact	tory, offic	:0		281.	LOCATION (Street City or Town, State		er or Rural i	Route Number,
=	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	t my knowledge, o	leath occur	red at the t	lme, date	and plac	a, and due	e to th	e cause(s) end m	enner es st	sted.	
ON O	one) 2 MEDICAL EXAMINE	R: On the basie of	examination end/o	r investigat	ion, in my c	opinion, d	death occu	ured at the	e time,	date end piece,	end due to	the ceuse(	s) end menner es stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	CENSE NU	мвея		29d. DA	TE SIGNED	(Month, Day, Year)
TO B	Robert L. de	Jagn	M.D				D	38	58	38	<b>•</b>	7/2	8/51
	ROBERT L. DE	JAGE!	USE OF DEATH (IT		e, Print) 701,	W	CCA	an	AV	E- Ch	EVY (	hase	H020815
7)	31. DATE FILED (Morth, Day, Year) AUG 2 199	32. REDISTR	AR'S SIGNATURE	Brand.	00		,				3		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerrouns after death. F	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral has find within 20 hours after death with the State Deet of Health and Mental Hasiene ming to build compation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
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31. DATE FILED (Month, Day, Year)
AUG 2 1991

62. REGISTRAR'S SIGNATURE

9a, FACI	AL SECURITY NUMBE	eitha								A. DAIL	F DEATH			3. TIME OF DEATH
9a, FACI		CTCHA	Maria	n	Covi	1				MONTH 7		OAY	91	2:35 p
RESID	94-30-742		5. SEX	6. AGE (In yrs. Is	st birthday) YRS.	IF UNDER 1 Y	EAR AYS	IF UNDER	24 HRS. MIN.	7. DATE 0 (Month,	F BIRTH Day, Year)	96	Count	IPLACE (State or Foreign
RESID	LITY NAME (If not ins	-	treet and number)	1 33		9b. CITY, TO	OWN O	R LOCATI	ON OF DE	EATH	11		INTY OF C	
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The state of the s						Y, TOWN OR								10d. INSIDE CITY LIMITS?
Maryland Bal  106. STREET AND NUMBER  13801 York Road			ltimore	timore Coc			_					1		1 YES 2 NO
			a				101.	ZIP COD	₌ 1030			10g. CI		WHAT COUNTRY?
	TAL STATUS	K NUA		NT EVER IN U.S. &	RMED	13 444	R DECE			NIC ORIGINS	(Consthu V	o or No		E — American Indian.
1 X Ne	ver Married 2		FORCES?	YES 2 X	(IO	.If y	es, spe	cify Cubi		in, Puerto R		10 St NO	Blac	k, White, atc.
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	er's name (First, Mic Villiam		Covil, J	lr.					her's na 11a	ME (First, M			1-	
	ORMANT'S NAME (Ty		COATT' 2		Db. 44 A H 1010	AODRESS (S					rah	Mac		
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20a_ME	THOD OF DISPOSITI	ON-				SITION (Name	_			DUX	-	OCATION -		
1 💢 Bui	rial 2 Creamation	n 3 🗔 Physica	Over from State	Other p	Mace)	y Cou				ial Pa				
	ATURE OF FUNERAL	SERVICE U	ENGEL /	5	)	22. NA	ME AN	D ADDRE	SS OF FA	CILITY			ur g.	, , , ,
-	1	Lowe		mmon	_	2				ell-W rylan				
IMMED	RT I. Enter the dis shock, or he MATE CAUSE (Fin- e or condition ing in death)	art fellure.	Liet only one ce	use on each lin	rdia	c Fo	al	UN	2					Approximete Interval Betwee Onset and Deal
if any, cause. CAUSE that in	ntielly list conditions and the conditions are the	fletn NG ry	DUE TO	O (OR AS A CONSE		F):	rd	100	id 3 C	Jun	dire	are		
PART II Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.    Contraction   Contrac														
25. WAS	CASE REFERRED TO	MEDICAL					26 PI	ACE OF I	DEATH (C)	eck only one				
EXA	MINER?		HOSPITAL:	☐ ER/Outpetlent	3 [] DO4	OTHER:								
-	NER OF DEATH		28a. DATE O	F INJURY	26b. TIR	AE OF 20	lc. INJL	JRY AT		5 Other	(Specify)	INJURY O	CCURED	
		Pending restigation	(Month,	Day, Year)	IN	JURY	WOI 1 Y	RK? ES 2[	NO					
3 🗆	Suicide 8 🗌	Could not be letermined	28e. PLACE building	OF INJURY — AI h	nome, farm,	street, factory	, office			261. LOCA City o	TION (Street or Town, State	t and Numb	er or Rural	Route Number,
29a, CEF (Che one)	ck only		CIAN: To the best of											
	A WEDI			examination and/or	r investigati	on, in my opir	non, de	ath occu	red at the	time, date	and place, a	and due to	the cause(	a) end manner as stated.
29b. SH	MATURE AND TITLE	OF CERTIFIE	/ h	0				29c. LIC	ENSE NUI	MBER		29d. D/	TE SIGNE	(Month, Day, Year)

ביולה ליות ליות היות היות היות היות היות היות היות ה	leath. Page 6 may be retained by the hi	funeral director, page 5 should be detact		yaminer must be notified at one
STATE OF THE PERSON STATE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hi	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac	example within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	minimum. It item 28 is marked or item 22 shows any injury or other fraumatic event the medical examiner must be notified at once

1 - FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND		GIENE G. NO.	11 2107		
1. DECEDENT'S NAME (First, Middle, Las RAYNOR		OOLES		2. DATE OF DEMONTH	29° 9	S. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 213-54-4329		(In yrs. last birthday) IF UNDS	R 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIF (Month, Day, 3 - 7 - 5	Year)	BIRTHPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not institution, give	e street and number)		Y, TOWN OR LOCATION OF DI	1	9c. COUNTY			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 1548 CARSWEL	L STREET	BALIII	MORE, MD 101. ZIP CODE 21218			1 💢 YES 2 🗌 NO N OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	I. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico 1 YES 2 X NO Specifi	an, Puerto Rican,	cify Yes or No. 14	I. RACE — American Indian, Black, White, etc. Specify: BLACK		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION (de completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired.	e during most of working )	16b. KIND	OF BUSINESS/INDUS			
17. FATHER'S NAME (First, Middle, Last)		OREINE	16. MOTHER'S NA		,			
JAMES A. DOL  19a. INFORMANT'S NAME (Typo/Print)	ES	19b. MAILING ADDRE	CHRIST SS (Street and Number or Rural			ode)		
CHRISTINE DO	LES	1548 CAR	SWELL STRE	FT/RAI	TIMORE	MD 21218		
20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from State	b. PLACE AND DATE OF DIS CEDAR HILL	POOLITION (Nome		20c. LOCATION — Cit			
21. SHARTURE OF FUNERAL SERVICE	a Rd	22	. NAME AND ADDRESS OF FA		1101 E.	NORTH AVE.		
23. PAH I, Enter the diseases, of abook, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. UN 304	each line.	n n			tt, Approximats interval Betwe Onset and De		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):						
PART II. Other algoliticant condit	iona contributing to death b	out not resulting in the	underlying cause given in		WAS AN AUTOPSY PERFORMED? YES 2 \( \subseteq \text{NO} \)	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)				
1 TES 2 NO	HOSPITAL:		ursing Home 5 - Residence					
27. MANNER OF DEATH  1 Patural 5 Pending 2 Accident Investigation		28b. TIME OF INJURY M	2Sc. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIB	E HOW INJURY OCCU	RED		
3 Suicide 8 Could not 4 Homicide determined	building, etc. (Son	Y — At home, farm, street, fo	actory, office	281. LOCATION City or Tox	I (Street and Number or m, State)	Rural Route Number,		
anal and	YSICIAN: To the best of my know							
296. BIGNATURE AND TITLE OF CERTIF	FIER		29c. LICENSE NU	DIFICE.	r 1	SIGNED (Month, Day, Year)		
30. HAMMAND ADDRESS OF PERSON		EATH (ITEM 27) (Type, Print)	sp. ZOIE.U	INTU PK	way Br	81515 CM. H.		
31. DATE FILED (Month, Day, Year)	AU ( 32 PEGIS 1999 PIGE	NATURE Whie Davids	n-Andelle					

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Frank

J.

DeLillo

1 -

3. TIME OF DEATH :00 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
NOV. 23, IF UNDER 1 YEAR | IF UNDER 24 HRS. a. BIRTNPLACE (State or Foreign 1 M 2 - F DAYS HOURS 212-07-3399 1899 Pennsylvania use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3211 Hamilton Avenue Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3211 Hamilton Avenue 21214 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 XXNO BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INQUISTRY (Specify only highest page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 Security Guard First National Bank 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at Florente DeLillo 띪 Virginia Altieri 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Pauline DeLillo same as #10a - #10f å 20a. METNOO OF DISPOSITION
1 XBurlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - City or Town, State director, Moreland Memorial Park 4 Donation 5 - Other (line 8-3-91 Baltimore Co., Maryland examiner 22. NAME AND AGORESS OF FACILITY the funeral Leopard J. Ruck 5305 Harford Road, Balto. Md. 21214 Ernest Reist IIImedical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, been signed by the attending physician and completely filled in by at of Health and Mental Hygiene prior to burial, cremation, or remo Approximeta ahock, or heart fellure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Finel Onaet end Death the disease or condition OR ATTENDING PHYSTIAN: The law requires that the death certificate be executed within reaulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated eventa QUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST 10 PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? shows any 1 TES 2 NO OF DEATH? 1 YES 2 NO has be PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate h tem 28. PLACE OF OEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Oulpatient 3 | DOA me 5 Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked. 28b, TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 2 Accident 5 Pending Investigation M BY 1 YES 2 NO After 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide # 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DERECTOR: J hours after d COMPLETED 8 Could not be 4 🗍 Homicide 28 hours 7 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner se stated. TO THE FUNERAL D
TO THE FUNERAL D
DE RING WITHIN 72 h
IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilime, data and place, and due to the cause(a) and manner as attend. BE 29d. DATE SIGNED (Month, Day, Year) 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) Donald W. Mentzer MD 3009 Eyergreen Avenue Baltimore, Md. 21214 31. DATE FILED (Month, Day, Year) AUG 2 1991 32, REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

August 10 1991 YEAR

2. DATE OF DEATN

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Page	J Oil		ner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	WITHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct		** PPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
after	v the	noval	[ea
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within	pletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, t
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYGI		21073		
ì	1. DECEDENT'S NAME (First, Middle, Last) EMMA	٧.	ERV			2. DATE OF DEATH		3. TIME OF DEATN 4:05 A		
	4. SOCIAL SECURITY NUMBER 214-16-5824	V V	76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 10 - 05 -	8. 8	DIRTHPLACE (State or Foreign Ountry)		
OR	99. FACILITY NAME (If not institution, give street end number)  90. CITY, TOWN OR LOCATION OF DEATN  90. COUNTY O  THE JOHNS HOPKINS HOSPITAL  BALTIMORE CITY  BALTIT									
DIRECTOR										
FUNERAL	10e. STREET AND NUMBER	QUITH STRE			ZIP CODE 21202			1 ÅYES 2 ☐ NO OF WHAT COUNTRY? S.A		
BY	3 Wildowed 4 Divorced  IF YES, GIVE WAR OR DATES  IF YES, Specify:									
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of with Do NOT use	,	N It of working	16b. KIND OF	BUSINESS/INDUST			
BE CO	17. FATNER'S NAME (First, Middle, Last) ALBERT COLEM	AN			18. MOTNER'S NA MAGG	ME (First, Middle, Mel	MPSON			
5	190. INFORMANT'S NAME (Type/Print) YVONNE HOLMA		1041	S. MAF	RLIN AV	Poute Number, City or E./BALT	Town, State, Zip Code	"MD. 21221		
	20a. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF, FUNERAL SERVICE LIC	R	DE PLACE AND DATE OF	ORTAL F	K. CEM	R R	LOCATION — CITY OF			
	22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F.H. 1101 E. NORTH AVE.  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximate									
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	o. LUNG DUE TO (OR AS PNEW) DUE TO (OR AS CONG	A CONSEQUENCE OF A CONSEQUENCE OF ESTIVE	CER HEART		01	apiretory arreet,	Approximate intervel Between Onset and Death  3 mont		
CERTIF	that initiated evente resulting in death) LAST  DEHY DEATION  JUE TO (OR AS A CONSEQUENCE OF):  DEHY DEATION  MONTH									
: MEDICAL	PART II. Other significant condition	s contributing to death	but not reculting in	the underlying	ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	CE OF DEATH (Che	6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME INJU	OF 28c. INJU IRY WOR	RY AT		W INJURY OCCURED	)		
<b>a</b>	3 Suicide 8 Could not be determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, at	reet, factory, office		281. LOCATION (Stre City or Town, Str	eet end Number or Ruste)	ral Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC DISCOURSE CONTROL OF CERTIFYING PNYSIC CERTIFYING	CIAN: To the best of my know	viedge, death occurred on end/or investigation	i at the time, data a	nd place, and dua	to the cause(s) end r	menner as stated.	se(s) and manner as stated		
O BE CO	296. SIGNATURE AND TITLE OF CERTIFIER		Medicine		29c. LICENSE NUM			NED (Month, Day, Yeer)		
ř	30. NAME AND ADDRESS OF PERSON WHO SANJAY KH					J	(/2	3 [1]		
	31. DATE FILED (Mon A D) Char?	99 2. REGISTRAN SSIC	AUTOM A PANS	486						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE STATE REGISTRAR CERT	IFICATE OF DE		REG. NO.						
1	1. DECEDENT'S NAME (First, Middle, Last) HENRY GUSTAVE	ENGE		OF DEATH DAY	YEAR 6 15 P M					
- 3 - 9	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthd)  7. SEX  9. AGE (In yrs. lest birthd)  9. SEX  9. AGE (In yrs. lest birthd)	MONTHS DAVE NO	UNDER 24 HRS. 7. DATE C		8. BIRTHPLACE (State or Foreign					
OR	ST. NGWES HUSPITAL	BOLDIM	OCCUPATION OF DEATH	10000000	TY OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT  106. STATE  106. COUNTY  N/A  10c.	CITY, TOWN OR LOCATION	CE .		10d, INSIDE CITY LIMITS?  1 YES 2 \( \text{NO}\) NO					
FUNERAL	100. STREET AND NUMBER 3313 STAFFORD ST	10f. ZIP	12/29	10g. CITIZ	EN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)  If yes, give war or parts  If yes, specify Cuban, Mexican, Puerto Rican, etc.)								
COMPLETED	(Specify only highest grade completed) (Give kind	T'S USUAL OCCUPATION of work done during most of	working 16b.	KIND OF BUSINESS/INDU	White					
MPL	N/A N/A Prix	nter		Baltimore E	Business Forms					
	17. FATHER'S NAME (First, Middle, Leat)  Fred Engel	18.	MOTHER'S NAME (First, A	fiddle, Maiden Surname)						
BE		ING ADDRESS (Street and N	Amelia ?	er, City or Town, State, Zip	Code)					
5	Anna M. Engel 321		StBaltim							
	20s. METHOD OF DISPOSITION 1 Selection 5 Corporation 5 Other (Specify)  20b. PLACE AND DATE of DISPOSITION (Name of competery, crematory or other place) 4 Donation 5 Other (Specify)  1 Description (Name of competery, crematory or other place)  Meadowridge Mem. Pk. Cem8-3-91  Howard Co., Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE G. Truman Schwab	22. NAME AND AI 5151	Baltimore I	National Pi	ke					
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. E shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted eventa resulting in death) LAST	VIC CAR SOF): PLEC E OP): CAR	- 130 MA 1010		interval Between					
MEDICAL	PART II. Other significant conditions contributing to death but not results	ng in the underlying ca	use givan in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 — YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OF DEATH (Check only on	<del>o</del> )						
YSIG	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DO		☐ Residence 6 ☐ Othe							
ву Рн	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		2 🗆 NO	CRIBE HOW INJURY OCC						
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, to building, etc. (Specify)	rm, street, factory, office		ATION (Street and Number or Yown, State)	or Rural Route Number,					
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investi									
BE	296. SIGNATURE AND TITLE OF CERTIFIER MULLE MO	29	O. LICENSE NUMBER		31 91					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	Ballume	e, Mg.	21229						
	31. DATE FILED (MONTH, Day, Your 991)  320 REGISTRAN'S SIGNATURE  Filed & Jairdson-Randel	2								
	AMA AW JAAA				DHMH-16 Rev 1/89					

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IEND	ERAL DIRECTOR: After this certificate has been signe in 72 hours after death with the State Dept. of Health	I. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
S A	DIREC	Item
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	1 - FOR STATE OF MARYLA REGISTRAR	ND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN	- 01	21075			
	MAMIE E FERGU				2. DATE OF DEATH DO		3. TIME OF DEATH A			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In $2/2 - 36 - 6206$ $1 \square$ M $2/2$ F	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	98	HRTHPLACE (State or Foreign Jountry)				
H.	9e. FACILITY NAME (If not institution, give street and number)		9b, CITY, TOWN	OR LOCATION OF		9c. COUNTY	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c CI	Y, TOWN OR LOCA	ALS TULUT	}		Υ			
	МО	7	39 140	LOCATION 10d. INSIDE CITY LIMITS: 1 × Yes 2 No						
FUNERAL	3401 RUSEdale RD		101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							
FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	S ARMED	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.							
D BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT	ES .	1 □ YES 2 NO Specify: Specify: Black							
LETE	(Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5+)	(Give kind of	IT'S USUAL OCCUPATION 1 of work done during most of working Tuse retired.) 16b. KIND OF BUSINESS/INDUSTRY							
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	1.6	eacher	18. MOTNER'S N	IAME (First, Middle, Maiden	Sumame)				
TO BE	190. IMFORMANT'S NAME (Type)Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	20s. METHOD OF DISPOSITION  1 DEBuriel 2 Cremetion 3 Removal from State  20s. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremetery, cremetery deather pides)  20s. PLACE AND DATE (20s. Upcation - City or Town, State cemetery, cremetery, cremetery, cremetery deather pides)									
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNSIAL SERVICE LICENSEE	ory, cremitiony of	utus 1	LLY Fan	18-591 41	butus,	Mo			
	· Hola March		Yai	ch Fi	HWest Was	buch	Luc			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or haert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reculting in death)  a. ACUTE MYOCARDIAL INPARCTION  DUE TO (OR AS A CONSEQUÊNCE OF):									
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. Due to (or as a consequence of):  Due to (or as a consequence of):  d									
LC	PART ii. Other significent conditions contributing to deeth but	not reaulting	in the underlying	ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICA	EXPLORATORY CAPAROTOMY 4 REINSERTION OF 1 PERFORMED?  AMABLE PRIOR TO COMPLETION OF DEATH?									
	CH311021						1 NES 2 NO			
PHYSICIAN:	25. WAS DASE REFERRED TO MEDICAL  EXAMINER?  1	ent 3 DOA	OTHER:	ACE OF DEATH (C						
	27. MANNER OF DEATN  1 Netural 5 Pending  26a. DATE OF INJURY (Month, Day, Yeer)	28b. TIM	E OF 28c, tNJ URY WO	URY AT RK?	6 ☐ Other (Specify)  28d. DEŞCRIBE NOW IN	JURY OCCURE	)			
р Ву	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY —	At home, ferm, s		ES 2 NO	261. LOCATION (Street &	nd Number or Ru	rei Route Number			
ETED	4 Nomicide datarmined				City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the bast of my knowled- cone 2 MEDICAL EXAMINER: On the basic of examination ex	ge, death occurre nd/or investigatio	nd at the time, data on, in my opinion, d	and place, end du	e to the ceuse(e) and man	ner ee stated. I due to the ceu	se(e) and mannar ae stated,			
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU			NED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH	OAU	Print) TOWN	MO	71177	/ -	- 1			
	31. DATE FILED (Month, Dey, Year)  32. BEGISTRADE SIGNATI	IRE Danks 00	100010	1 1	6-1177					

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TO THE HOSPITAL DEFAURENCIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTION And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygher point to burial-considion, or removal.
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SALVACION A DUPAYA,

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31. DATE FILEO (Month, Day, Year)
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	FOR 1 STATE	STATE OF M	ARYLAND A	DEPAF	TMEN	IT OF H	IEALTH	AND	MENTA	L HYGIEI	NE C	1	21076
	REGISTRAR		С	ERTIF	ICAT	E OF	DEA	TH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
		ary	FARO						07	3	10.	91	6.30 PM M
	4. SOCIAL SECURITY NUMBER 216-32-6736	5. SEX 1  M 2  F	00			DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 19, 190			Count	
	9e. FACILITY NAME (If not institution, give str	reet end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D				INTY OF D	7
8	NORTH ARUNDEL HO	SPITAL ASSOCIATION				GLEN	DIIDA	ITD					
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY							ILE.				A.A.	COUNTY
DIRECTOR	1.00	Arunde1			ver:	OR LOCAT	TION						10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
AL	10a. STREET AND NUMBER					101	ZIP COD						
EB	1401 Larch Road						2114	4				J.S.A	
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried IF YES, GIVE WAR OR OATES				13	If yea, sp	ecify Cubs	OF HISPANIC ORIGIN? (Specify Yee or No					E — American Indian, k, White, etc.
BĄ	3 🔀 Widowed 4 🗌 Divorced	No	IN ON OATES			1 TES 2 NO Specify:			fy:			Speci	my: White
COMPLETED	15. DECEOENT'S EDUC	ATION	16a. DI	ECEDENT'S	USUAL	OCCUPATIO	ON		168	. KIND OF BU	JSINESS/IN	DUSTRY	
<u> </u>	(Specify only highest grade of Elementary/Secondery (0-12)	Coffege (1-4 or 5 +)	(G	ive kind of a	vork done to retired.	during mo	st of working	rg					
립	5			nemak	er					Homem	akino	7	
8	17. FATHER'S NAME (First, Middle, Last)			_ ``			18. MOTI	HER'S NA	MF /First	Middle, Meide	_		
	Joh Louis WEED(	ON								nerine		משי	
H	19e. INFORMANT'S NAME (Type/Print)		10	h MAILING	ADDRES	26 /Ct-net a							
2	Rosemary Bruns 1401 Larch Rd. Severn, MD 21144												
	20s, METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Remo 4 Donatton 5 Other (Specify)	val from State	20b. PLACE cemetery, cre Glen I	AND DATE	of DISPO	SITION (Na	me ol	rk	8/3	E 20c. L			. 191910
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	oren 1	lavell	22	NAMEAN	I FA	L K	O/ J		en Bu	irnie	, MD
	· M. Neaf	Colema			I	lowar 107	d H. Wilk	Hub ens	Dard Ave.	Fune Bal	ral H timor	lome,	Inc. D 21229
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac as a cardiac as												
	Interval Between									Interval Between Onset end Death			
	resulting in death)	CARPIOGENIC SHOCK											
		DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSE	DUENCE OF	j:								
EB	resulting in death) LAST												
7	PART II. Other significant conditions	contributing to d	leeth but not r	esulting i	n the u	nderlying	cause g	lven in	Pert I.	24a. WAS AI		24b.	WERE AUTOPSY FINDINGS
Š										PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀										1 TYES	Z [] NO		OF DEATH?
~									_				1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				_								
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	200		OTHE	R:	ACE OF D						
¥ I	27. MANNER OF DEATH	1 Inpatient 2 III				raing Home		sidence	8 🗌 Othe	r (Specify)			
	1 Natural 5 Pending	28a. DATE OF III (Month, Day)		28b, TIM	URY	28c, INJU	RK?		28d. DES	CRIBE HOW	INJURY OC	CURED	
┢	2 Accident Investigation				М		ES 2	NO					
COMPLETED	3 Suicide 8 Could not be determined	289. PLACE OF building, et	INJURY — At ho Ic. (Specify)	me, farm, e	treet, fac	tory, office			281. LOC City	ATION (Street or Town, State	end Number )	or Rural A	loute Number,
9	290. CERTIFIER												
₽ B	(Check only 1 Z CERTIFYING PHYSIC	An: To the best of m	ry knowledge, de	ath occurre	d at the	time, date	end place,	end due	to the cer	use(e) end me	nner ee ata	ted.	
8	2 MEDICAL EXAMINER	. On the peals of exa	mination and/or	rrvestigatio	n, In my	opinion, de	eath occur	ed at the	ilme, dete	end place, e	nd due to th	ne ceuse(e)	end menner ee atated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	IN					29c. LICE	NSE NU	IBER		29d. DAT	E SIGNEO	(Month, Day, Year)
- 11	Salvann	A . 1	may	01			03	89	17		•	7/3	0/91
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	OF BEATH AT	LOT CT				-				1	

M.D./301 HOSPITAL DRIVE/GLEN BURNIE, MARYLAND 21061

32. REGISTRARIS SIGNATURE RANGER

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.					
- 8	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN		3	3. TIME OF DI	EATN	
- 4		Grady		FLOY	D	July	30,		EAR	6:29	P	М
	4. SOCIAL SECURITY NUMBER  238-20-0122	5. SEX 6. AGE	(In yrs. last birthday) 69 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF NOV	BIRTH		Country)	thCar	Foreign	in
FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give st Franklin So	reet end number) [Uare Hospi	tal		N OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
5	RESIDENCE OF DECEDENT ROSSVIIIE Baltimore Cou									oun	ty	
DIRE	Md . 10b. COUNTY	BAltimore	10c. CITY,	TOWN OR LOCA	Essex		10d. INSIDE CITY LIMITS? 1 □ YES 2 1 NO					Ī
ERAL	838 Arncliff	10	21:	221		10g. CITIZE	N OF WH	IAT COUNTRY	7			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	If yee, ap	ecity Cuban, Mexico	OF NISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black, White, etc.)  Specify:  Specify:  Specify:								
TED	15. DECEDENT'S EDUC (Specify only highest grade	ISUAL OCCUPATIONS done during mo	ON ost of working	16b, KI	ND OF BUS	SINESS/INDUS						
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)		OPera								
	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA		dle, Maiden	Sumeme)				
8	Clarence Flo  190. INFORMANT'S NAME (Type/Print)	ya	19b. MAILING	ADDRESS (Street )	No and Number or Rural	Dlie	Kell	Y State 7/a C				
2	Catherine Flo		838	Arnel	iffe Ro		Alti	more	Md.	2122	1	
	20e. METNOD OF DISPOSITION  11 Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State certi	PLACE AND DATE OF DETERMINE OF OTHER CONTROL OF THE	DISPOSITION (Na er place)	ame of	OATE	20c. LO	cation - ch	y or Town	n, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11	22. NAME AI	ND ADDRESS OF FA	CILITY						
	23 PART I Enter the diseased or o	undal	Mone	Conn	ellyFur	neral	Iome	300MA	ceA	ve.2	122	1
	23. PART I. Enter the disease, or c shock, or heart dillure. I IMMEDIATE CAUSE (Final	List only one ceuse on e	ech line.	t enter the mo	de of dying, auc	h aa csrdled	or reaple	retory arres	t.	Approxi Interval Onsst a	Betwe	
	disease or condition resulting in death)  s. Ventricular Fibrillation  Due to (OR AS A CONSEQUENCE OF):								e			
NO	Sequentially list conditions, I is Ischemic heart disease 20 years											
CATI	cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	thet initisted events oue TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	PART II. Other aignificent conditions contributing to deeth but not resulting in the undsrlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS											
MEDICAL	Congestive heart failure  248. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  240. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  1 YES 2 NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Ch	eck only one)						4
SIC	EXAMINER?	HOSPITAL: X ER/Outp	atlent 3 DOA	OTHER:	e 5 🗆 Residence	6 Other (Se	pecify)					T
Y PH	27. MANNER OF DEATN  1 X Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT RK? /ES 2 NO	28d. OEŞCRI	BE NOW IN	IJURY OCCUR	IEO			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, atr			28f. LOCATIO	ON (Street a	nd Number or	Rural Rou	ite Number,		$\dashv$
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	ZIAN: To the beat of my knowl	edge, death occurred	at the time, date	and place, and due	to the causel	a) and man					$\dashv$
NO.	one) 2 MEDICAL EXAMINER	1: On the basis of examination	end/or investigation,	In my opinion, d	eath occured at the	time, data and	placa, and	dua to the c	suse(e) er	nd manner ar	atated.	
BE O	29b. SIGNATURE AND TITLE OF CERTIFIER	24			29c. LICENSE NUM	MBER		29d. DATE SI	GNED (M	fonth, Day, Yea	er)	$\dashv$
2	Muchael n. L	trossner	, MD		D322	288		▶ 7/	/30/	91		
		ossner, MD			ring Ro	d Fo	rest	Hill		2105	0	
	AUG 2 1991 Su	32 DEGISTRAR'S SIGNA Davidson-Ram	LIL		***************************************							

OTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

OTHE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should properly in the State Dept. Of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1991 guina Davidson-Randelle

incate be executed writin 24 hours after death. Fage o may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	ne prior to burial, cremation, or removal.	have traumatic event the medical examiner must be notified at once.
that the death certificate be executed v	d by the attending physician and com	n and Memal Hyglene prior to burnal, o	nov injury, or other traumatic ev
INDING PHYSICIAN: The law requires	R: After this	after death with the State Dept. of Heal	is marked or item 22 chouse
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTO	within 72 hours after	MINISTANT 16 Nam 28 to marked

	FOR STATE	TATE OF MARYLAND						MENTAL HY	GIENE 9	1 2	1078	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)  Rav	Fincham	CERTIF	ICATE	OF	DEAT	H	2. DATE OF DEA	3. NO. ATH DAY 3.0 . 1991	YEAR	TIME OF DEATH	
-	4. SOCIAL SECURITY NUMBER 5. S									s. BIRTHPLACE (State or Foreign Caught) 1893 Virginia		
OR	9e. FACILITY NAME (If not institution, give street a OverleaGarden		ome	9b. CITY		Balt				Balt	imore	
FUNERAL DIRECTOR	106. STATE 106. COUNTY  Md. Bal	10c. CIT	ry, town o		ion lle	Rive	er		1.00	1. INSIDE CITY LIMITS? YES 2 NO		
ERAL	10a. STREET AND NUMBER 2160 Corralthorn Road					ZIP CODE	1220	0	10g. CITIZ	USA	COUNTRY?	
B	11. MARITAL STATUS: 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AFMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.					ENDENT O	F HISPAN n, Maxica Specify	IIC ORIGIN? (Spec n, Puerto Rican, a	offy Yea or No—	Specify:	American Indian, hita, etc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Maintence						9	16b. KIND	OF BUSINESS/INDU	STRY		
	17. FATHER'S NAME (First, Middle, Last)  Jim Booth							ME (First, Middle,		== TorestHillMd.		
TO BE	19a. INFORMANT'S NAME (Type/Print) Minnie Danna 19b. Mailing Adoress (Street and Number of Rur 1003 Deer Creek						or Rural F	Poute Number, City	or Town, State, Zip (	Code)	tHillMd.	
	20a_METHOD OF DISPOSITION 1	from State 20b. PL/of ceme	ACE ANO OAT	v or other r	lecel		rv8		Baltimo	-		
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	inval Ho	me	22.	name at Conr	ell	ss öf få YFui	ouni neralH	ome300M	1AceA	ve.21221	
	23. PART I. Enter the diseases, or compensation, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the only one cause on each	<u> </u>			da of dy		h as cardiac o	r respiratory arre	est,	Approximate Interval Batween Onset and Daath	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL CER	PART II. Other significant conditions of	<u> </u>	oot resulting			g causa	given in		MAS AN AUTOPSY PERFORMED? YES 2 7 NO	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO	
YSICIAN:		OSPITAL:	nt 3 🗆 DOA	OTHE 4 Nu	R:			eck only one) 6  Other (Spec	elfy)			
ВУ РН	27, MANNER OF DEATH  Netural 6 Pending 2 Accident Investigation	26a, DATE OF INJURY (Month, Day, Year)		M M	1 🗆	URY AT ORK? YES 2 [	□ NO		HOW INJURY OCC			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	st nome, sarm	, street, tec	тогу, отн	:8		City or Town	(Street and Number n, State)	or Humii Hou	no Number,	
COMPLET	one)	t: To the best of my knowledge on the basis of examination an									nd menner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	200	$\sim$			29c. LIC	ENSE NU	MBER 19 3	29d. DATE	SIGNEO (M	lonth, Day, Year)	

199 32. REGISTRATES SCHATURE

Randelle

31. DATE FILED (MANUAL 162)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fine within 72 hours after death with the State Bent of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	-	00

STATE	0F	MARYL	AND /	DEPAR	<b>TMENT</b>	0F	HEALTH	AND	MENTAL	HYGIEN	lE
			CI	ERTIF	ICATE	O	F DEAT	ГН		REG. NO	

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPAI CERTIF	RTMENT OF HI		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) INEZ A. GROH	-6	ROH		2. DATE OF DEATH DA	199/	3. TIME OF DEATH  0035 M
œ	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 1 90. FACILITY NAME (If not institution, give street and numb PENINSULA GENERAL HO	ber)	9b. CITY, TOWN OF		7. DATE OPBIRTH (Month, Day, Year) 6-7-11	9c. COUNTY C	
Ē	RESIDENCE OF DECEDENT	OSPIIAL	J SA	LISBURY		W	ICOMICO
DIRECTOR	10a. STATE 10b. COUNTY		TY, TOWN OR LOCATION TO THE LO	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
7	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER/	86 G Blue Bill DrSel	byville, Del.	1	9975		U.S.	A.
BY FUNERAL	11. MARITAL STATUS 12. WAS DE FORCES	CEDENT EVER IN U.S. ARMED S? 1 YES 2 NO GIVE WAR OR DATES	If yes, spe		NIC ORIGIN? (Specify Yee on, Puerto Rican, etc.)	or No- 14. F	NACE — American Indian, Black, While, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-1)	16e. DECEDENT (Give kind of life. Do NOT	s usual occupation work done during mos use retired.)	N t of working	16b. KIND OF BUS	SINESS/INDUST	
NO	17. FATHER'S NAME (First, Middle, Last)	7 A DOMOGI	1000001	18. MOTHER'S NA	ME (First, Middle, Malden		
BE C	Jessie Atchison			Unkn	own		
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	O ADDRESS (Street ar	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code	)
F	William G. Grob		Blue Bill	DrSe	lbyville.	Del. 19	975
	20e. METHOD OF DISPOSITION  120 Burlel 2 Cremation 3 Removal from St	20b. PLACE AND DA' of cemetary, cremato.	TE OF DISPOSITION any or other place)			CATION — City	
	4 Donellon 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LICENSEE	Glen Have			3,1991 Gle		.e, Md.
	G. Truman Schwab				ick Avenue Md. 21229		
NC	C b.		1 95 OF):	donu		ort.	Approximate interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	D		0		
MEDICAL	PART II. Other algnificent conditions contribu	ting to deeth but not reaulting	g in the underlying	ceuse given in	Pert I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (C	heck only one)		
SIC	EXAMINER?  1 YES 2 We HOSPIT  1 inpution	AL: ent 2 - ER/Oulpatient 3 - DOA	OTHER: 4 Nursing Hom	a 8 🗆 Realdence	8 Other (Specify)		
BY PHYSICIAN:				URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
ED	3 Suicide a Double 28e. F	PLACE OF INJURY — Al home, farm uilding, atc. (Specify)	n, street, factory, office		281. LOCATION (Street City or Town, State,		lural Route Number,
COMPLET	29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the (Check only one) 2 MEDICAL EXAMINE!						use(a) end manner ea stated.
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	1		DRO 4		29d. DATE SIG	ONED (Month, Dey, Year)
2	30. NAME AND ADDRESS OF PURSONNINO COMPLET. Dr Joseph Raife	ED CAUSE OF DEATH (ITEM 27) (TV				1801	
	ALC O TULL	EGISTRAR'S SIGNATURE	, , , , ,			V	
	APR AF MAAA	to the specification of the second					DHMH-18 Rev 1/8

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	1 - FOR STATE REGISTRAR
	1. DECEDENT'S NAI
	4. SOCIAL SECURIT
	213-2
	90. FACILITY NAME
DIRECTOR	UNION RESIDENCE O
띮	10e. STATE
5	Maryla
ا ہے	10e. STREET AND N
UNERAL	4811
5	11. MARITAL STATUS
	1 Never Married
6	3 Widowed 4
ETED	(Sp
MPLE	Elementary/Seco
BE CO	17. FATHER'S NAME
_	19e. INFORMANT'S
입	Robe
	20e, METHOD OF D

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								TE OF DE	ATH DAY	-	YEAR	3. TIME OF DEATH
		MILY			LSEY					+	31	4	1	5.50 MM
	4. SOCIAL SECURITY NUMB	250	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	TE OF BIR'	bar)		Country	
	213-28-4			59	THS.	01 0177	TOWN C	OR LOCATION OF D		6 2	24	32		lto, Md.
TOR	UNION MEMO	ORIAL I					LTIM		DEATH		9	c. COUNT	Y OF DE	EATH
낊	10e. STATE	10b. COUNTY			10c. CI1	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
듬	Maryland				В	alti	mor	e City						1 X YES 2 NO
A	10e. STREET AND NUMBER						101	. ZIP CODE			16	0g. CITIZE	N OF W	HAT COUNTRY?
띮	4811 Gil	ray D	rive					21214				Ţ	USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Neivo		FORCES?	NT EVER IN U.S. AR	MED IO		If yes, sp	ENDENT OF HISP/ ecify Cuben, Mexic 2 A NO Spec	can, Puer			No- 1	4. RACE Black Specif	, White, etc.  9: Black
윤	15. OEC (Specify only	EDENT'S EDUC	CATION completed)	(G	ive kind of	Work done		ON st of working		186. KIND	OF BUSIN	ESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0	)-12)	College (1-4 or 5	- Illa	. Do NOT u	se retired.)								
COM	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTHER'S N		st, Middle, i		,		
8	19e. INFORMANT'S NAME (1	Ema/Brint)		1 10	h MARIN	ADDRES	P /Proper	and Number or Rura	_				Paglat.	
임	Roberta		nton										,	d. 21217
- 1	20e METHOD OF DISPOSIT	ION	numi from State	20b. PLACE	AND DAT	E OF DISP	OSITION	(Name	D	ATE 2			,	
	4 Donation 5 Other	(Specify)		Arb	utu			ial Pk						Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	Ler	OV O.	Dve	tt 8	& So	n Fu	une	ral Home
	Alro	W C	. Aly	ett			460	0 Libe	rty	Hei	ight	s A	ven	ue 21207
CERTIFICATION	immediate Cause (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to immediates. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in deeth) LAS	tions, diate iNG	BUE TO DUE DUE TO DUE D		OUENCE O	1 Pop: 10p: 10p: 10p: 10p: 10p: 10p: 10p: 10	aif fai bot	lute lute	circ	8 08	n°S			Interval Between Onset and Death
MEDICAL	PIVEL	cirs	ETOH	+ abi					in Part i	F	MAS AN AU PERFORME YES 2	D?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpetient :		OTHE	R:	LACE OF DEATH (						
14S	1 TES 2 M NO		1 Minpatient 2		28b, TI	-		ne 5 🗆 Rasidenci		Other (Spec	**	IIIIV OCCI	IBED	
BY PH		Pending Investigation	(Month,	Day, Year)		IJŪRY M	W	YES 2 NO	200.	DESCRIBE	. now ins	DR1 OCCU	JNED	
	a C Culates -	Could not be determined	28e. PLACE building	OF INJURY — At he i, atc. (Specify)	ome, farm,	etreet, fec	tory, offic	•		LOCATION City or Town		Number o	or Rural I	Route Number,
COMPLETED	CONDUCK OFFIN		ICIAN: To the best of											e) end manner as stated.
H	296. SIGNATURE AND TITLE	E OF CERTIFIE	luo (	TWI	MJ	>		29c. LICENSE N	LUMBER S	6	2	Pd. DATE	. 1 -	(Month, Day, Year)
E	30. NAME AND ADDRESS O												1	
9	ILEANA	GH	teor (	1,0/45	イラ	U	MU	DH W	/E	MO	RIV	+ 1	H	JATIP20
	31. DATE FILED (Month, Day, AUG 2	1991	₹. BEGISŢ	AR'S SIGNATURE	ALE			- 15						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

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	certificate
5	death
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	THE OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2
	TENDING
	OR AT
-	15

2. DATE OF DEATH 28 ANTONIO BRANDON HENDERSON 1999 22:00 Pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 215-86-8514 DAYS Month, Day, Year) 9-13-1970 1 X M 2 - F 20 YRS. Md permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9C COUNTY OF DEATH WOODLAND AND DELEWARE AVE. DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit 3117 Woodland Avenue 21215 USA death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, OIVE WAR OR DATES 1 Never Married 2 Married BY 3 🗌 Widowed 4 📗 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY National Concrete Elementary/Secondary (0-12) College (1-4 or 5+) 12th Contractors 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE Junious Henderson Betty MCGhee funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty Henderson 3117 Woodlawn Avenue Baltimore, Md 21215 pe 20a. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetton 3 □ Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must cometer Find Menor Plat Park 8291 Randallstown, Md 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
March F/H West filled in by the fillen, or removal. 4300 Wabash Avenue medical 23. PART I. Enter the diseases, or complications that csuaed the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath the and completely fille bunial, cremation, disease or condition . GULS HOT WOUND O FOURT prior to bunal, cremat reaulting in dasth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): ending physician a Hygiene prior to if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 the atten Mental F Injury, PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS been signed by or, of Health and shows any Ir AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? VONES 2 | NO 1 TES 2 1 NO PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? item 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL: OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 N DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 2200M marked, 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED with 1 Netural 5 Pending investigation 7-28-91 1 YES 2 X NO SUBJECT SHOT BY After 1 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, ETED 6 Could not be DIRECTOR: hours after of item 28 is 4 Momicide STREET WOODLAND AND DELEWARE AVE. 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated. COMPL IMPORTANT: 11 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) uno one O.C.M.E. 7-29-1991 2 8 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1. KORTU 111 PENN STREET BALTIMORE, MARYLAND 21201 32 AGGISTANA'S SIGNATURE

91 21081

REG. NO.

and so had a

1 - FOR STATE REGISTRAR

1	1. DECEDENT'S NAME (First	ENIF	- 4	EUGENE	H. C.	1				MONTH	,	DAY	YEAR	Ko 10
	4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In	yrs. last birthday	) IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O		7	a, BIRTHP	LACE (State or Fore
	447- 30-	1039	1 2 1 2 D F	i	T YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	23	Country)	011
	9a. FACILITY NAME (If not in			1 0		9h CITY	/ TOWIN O	OR LOCATION	ON OF DE	-	0		NTY OF DE	THE NC
œ	Ch Too		Lan.	1.1		_	son	IN LOCALI	ON OF DE	AIII			timor	
DIRECTOR	RESIDENCE OF DE	POENT	19501	Tul		100	VSUII					Dal	CIMOI	е
ũ	10a. STATE	10b. COUNT	Υ		10c. C	ITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
5	Maryland	Balt:	imore		7	Cowsor	n							YES 2X N
뒿	10a. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF WI	AT COUNTRY?
H	1117 Gypsy	Lane,	West					2120	4			U.	S.A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECED			13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN?	(Specify Y		14. RACE -	- American Indier White, etc.
	1 Never Married 2 X			1 YES				2 NO		n, Puerto Ri	ican, atc.)		Specify	100
8													Chin	ese
COMPLETED	15. DEC (Specify on	EDENT'S EDU ly highest grade	CATION completed)	1	(Give kind	of work done	during mo		ng	16b.	KIND OF B	USINESS/IN	DUSTRY	
ا ريا	Elementary/Secondary (	0-12)	College (1-4 or	5+)		use retired.)								
₽ B	12		7		Presid	dent	_			Tr	ansv	iron	Engin	eering (
8	17. FATHER'S NAME (First, A	fiddle, Last)						16. MOT	HER'S NA	ME (First, M	iddle, Melde	on Surname)		
BE	T.C.Hsi							Ma	ry F	ong				
2	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILI	NG ADDRES	S (Street a	and Numbe	r or Rural I	Poute Number	er, City or To	wn, State, Zij	p Code)	
-	Eugenia Hs:	i			Same	e as i	#10							
	20a. METHOD OF DISPOSIT 1 및 Burlat 2 및 Crepacti		novel from State	20b.	PLACE AND DA	TE OF DISP	POSITION	(Name		DATE	20c. L	OCATION —	City or Tow	n, Stata
	4 Donation 5 Otto	r (Specify)	- //	Dy.	petary, cremat Vaney	Valle	y Me	m.Gd	ns.	8/1/9	1 Ti	moniu	m, Md	
-1	21. SIGNATURE OF FUREIU	AL SERVICE A	CENEGRE /	V		22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	D/ /mal	NP.	Soliale	11								ome,		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

permit. Pages 1, 2, 3 should

ge 5 should be detached for use as the burial-transit

FUNERAL DIRECTOR

BY ETED |

COMPL

to notified

pe

MEDICAL CERTIFICATION

PHYSICIAN: State Dept.

BY

COMPLETED

BE

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Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

College (1-4 or 5+)

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, ps be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

										91	2	21084
1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	RTMENT ICATE	OF I	DEA	AND I	MENTAL HYGIEN REG. NO		R	
1. DECEDENT'S NAME (First,	, Middle, Last)					) )			2. DATE OF DEATH	AY.	WEAR	3. TIME OF DEATH
Marjorie	Josep	hine			H	110	Son		Tuly 2	6 19	1)	2240
4. SOCIAL SECURITY NUME	37/4	5. SEX	8. AGE (In yrs. 83	last birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/27/1908	7	Count	HPLACE (State or Foreign try) ,aware
9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY,	TOWN	OR LOCAT	ION OF DE	ATH	9c. COU	TY OF	DEATH
PENINSUL	A GENE	RAL HOSP	ITAL			SA	LISB	URY			WIC	COMICO
RESIDENCE OF DEC	CEDENT									_		
10e. STATE	10b. COUNTY	1		10c. CI	TY, TOWN O	R LOCA	TION					10d. INSIDE CITY
Delaware	Susse	X		Fra	ankfo:	rd						ÑXXYES 2 □ NO
100. STREET AND NUMBER 22 Clayton	Avenue	<b>:</b>				1	1. ZIP COD 9945			10g. CITI	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 SWidowed 4 Divo	Merried orced	12. WAS DECEDER FORCES? IF YES, GIVE Y	NT EVER IN U.S., I YES 2 ( MAR OR DATES	NO	9	If yes, sp		en, Mexice	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	o or No→	14. RAC Blac Spec	CE — American Indian, ck, White, atc.  White
	EOENT'S EDU			DECEDENT'S (Give kind of life. Do NOT L	work done o			ing	16b. KIND OF BU	SINESS/IND	USTRY	

16. MOTHER'S NAME (First, Middle, Maiden Surname)

homemaker

John C. Furman Elizabeth Daisey 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PO box 10, Frankford, Delaware Walton A. Johnson Jr. 20e. METHOD OF DISPOSITION
1% Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Carey s Cemetery 7/29 Frankford, Delaware 22. NAME AND ADORESS OF FACILITY
Watson Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Millsboro, Delaware 19966 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata Interval Between Onset and Daath **IMMEDIATE CAUSE (Finel** ard, & genie Shock
LE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) Myocardial Sequentielly list conditions, DUE TO OR AS A CONSEQUENCE OF If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
| Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO ng Home 8 🗆 Residence 8 🗆 Other (Specify) 4 🗆 Nu 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident М 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29e, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.

SLORIVERSIDE DRIVE

29c. LICENSE NUMBER

034768

SALIBURY

JEFFREY WIELAND mo 32. MEGISTRAR'S SIGNATURE
JUNIA DAVIDSON-RANDER 1991

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29b, SIGNATURE AND TITUE OF CENTIFIER

29d. DATE SIGNEO (Month, Day, Year)

mo 21401

	Pag		
Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) Franklin Gilbert Hoxter 2. DATE OF DEATH 7-31-91 3. TIME OF DEATH 5: 2201 7-31-5:22 Franklin Hoxter 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Maryland (Month. Day. Year) 1915 DAYS 1 X M 2 F 215-24-2592 76 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore Baltimore County General Hosp. Randallstown DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Baltimore Catonsville 1 VES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 21228 USA 315 Ingleside Avenue 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 22 THOUSE IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1X Never Married 2 Married BY 3 Widowed 4 Divorced White 15. OECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 6th Dishwasher Lunch Room 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Dorsey M. Hoxter Mazie Anderson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Palm Lane, Baltimore, MD 21221 Melvin C. Hoxter 20a. METHOD OF DISPOSITION
1 □ Burlet 2 X Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE Metro Crematory, Inc. 8/1 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF DUNERAL SERVICE LUCKOSE Cremation Society of Maryland, Inc. George E. MacNabb 299 Frederick Rd., Balto., MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Onset and Deeth **IMMEDIATE CAUSE (Finei** disesse or condition resulting in death) Sepsus DUE TO (OR AS A CONSEQUENCE OF): Phermonia Injury, or other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? congestive heart 23 shows any 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) or Hem 1 VES 2 NO OTHER: HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 4 🗆 Nurs 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 Is marked, 1 Natural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Nomicide Hem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE FUNERAL D
THE FUNERAL D
FIRED WITHIN 72 ho 2 MEDICAL EXAMINER: On the besis of ea 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MID 41429 7/31 Muy 9

ess of Person WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JORGE

31. DATE FILED (Month, Day, Year)

MUJICA

32. REGISTRAR'S SIGNATURE

the Davidson-Randell

M.D-

DNMH-16 Rev 1/89

BALTIMORE COUNTY GENERAL HOSP.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)
AUG 2

1991

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. CENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

_1	FOR STATE REGISTRAR	STATE OF	MARYLAND /	/ DEPAR						YGIENI REG. NO.	. 9		21086
	1. DECEDENT'S NAME (First, Middle, Last)	Hattie		ohnsor					2. DATE OF	-	10	91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las			R 1 YEAR	IF UNDF	R 24 HRS.	7. DATE OF	BIRTH	10	DI BIRTI	HPLACE (State or Foreign
	224-24-9578	1 M 2 V F	70		MONTHS	T.	HOURS	MIN.	(Month, D	1920		8. BIRTI Count	try)
1	9a. FACILITY NAME (If not institution, give		/0		9h. CIT	NWN "	OP LOCAT	ION OF DE		)-T250	2. 0011	NTY OF E	Va
5	Sinai Hospital					ltimor		IUN OF C.	AIN		90, 000	NTY OF A	PEATH
SILENAL CINECTOR	10a. STATE 10b. COUNT	Y		10c. CIT Ba	altimo	OR LOCAT	rion						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER					101	1. ZIP COD				10g. CIT		WHAT COUNTRY?
	3720 Manchester Av							2121	-			US.	A
	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AR 1 YES 2 X N WAR OR DATES	MEO		If yes, sp	ecify Cubi	OF HISPAN an, Maxicar Specify	IIC ORIGIN? (S n, Puerto Rice	Specify Yes n, atc.)	or No	14. RACI Blac Spec	E — American Indian, ik, White, atc.
	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	(GI	ECEOENT'S Give kind of a. Do NOT us	work done	during mo	ON ist of worki	ing	18b. KII	NO OF BUS	INESS/INC	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Chester King						18. MOT	Caus	ME (First, Midd Sby	le, Maiden S	Surname)		
	190. INFORMANT'S NAME (Type/Print)  Nathaniel J. Joh	hnson	198	b. MAILING					Baltin			Code)	
- 1	29a. METHOO OF DISPOSITION 1 Burlel 2 Cremation Ram 4 Donation 5 Other (Specify)		20b. PLACE A cametery, creametery, creametery	AND DATE	OF DISPOS	SITION /Na	ame of		DATE	20c. LOC	ATION —	City or To	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LE	iorisee	1 Gar	TISO				N CEM		UWI	ngs M	1115,	Ma
	· Stant /2	Wan	1			Marc 4300	ch F/ D Wat	/H Wes bash	t Avenue				
	23. PART I. Enter the disease, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	at caused the deuse on each line.  ———————————————————————————————————	eti 1	Regl	r the mo	de of dy	ing, auch	elu.				Approximate interval Between Onset and Death
	Sequentially list conditions,	b	_ (	) of	-Cel	2C	ora	ساسر	200	T	re	my	0
	f any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSECUTION OF A CONS						,		V	0	
1	PART II. Other algnificent condition	te contributing to	deeth but not re 3/ cs/s tredue	acuiting !	In the un	derlying	ceuse	given in F		PERFORM	MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	POA	OTHER	R:			ck only one)				
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF (Month, D	FINJURY	28b. TIM		28c. INJU			6 Other (Sp 28d. DESCRI		JURY OCC	CURED	
	3 Suicide 8 Could not be detarmined	28a. PLACE O building,	OF INJURY — A1 hon, etc. (Specify)	me, farm,	street, fact	ory, office	•		28f. LOCATIO City or To	N (Street ar wn, State)	nd Number	or Rural F	Poute Number,
2	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	SICIAN: To the best of ER: On the basis of as	my knowledge, der	ath occurr	ed at the 1	ime, data	and placa	, and dua t	time data and	) and mann	ner as atat	ed.	and manner as stated
2	29b. SIGNATURE AND TITLE OF CERTIFIE	- Andrew	<u></u>					ENSE NUMI		Piece,			(Modific Day, Year)
3	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAU!	SE OF DEATH (ITEM	127) (Type MD.	Print) 74	45	FUR	NACE	150	ANG	+ P.	8/16/le	179%. ubuie 21960



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DIVISION OF VITAL RECORDS, I	
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1	William	Arthur					MONT	TH DAY	-	EAR 1:	-25 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	MC	NTHS DAY		(Mont	OF BIRTH th, Day, Year)	8.	. BIRTHPLACE (S Country)	State or Foreign	
	214-03-7766	1 M 2 🗆 F	85	YRS.		22 47/62		22-06		Md.		
. 1	9e. FACILITY NAME (If not institution	n, give street end number)		91		VN OR LOCATION OF				Y OF DEATH		
5	St. Agnes Hos	oital			Ba.	Ltimore C:	ity		N/	A		
DI NEC		COUNTY		10c. CITY, T	TOWN OR LO	CATION				10d. INS	SIOE CITY	
5	Md.	N/A		Bal	timo	re					ES 2 NO	
7	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	N OF WHAT CO	UNTRY?	
LONEH	266 S. Loudon	AveBalti	more. Md	21229					U.S.	.A.		
בַּ וּ	11. MARITAL STATUS	FOROFOR	ENT EVER IN U.S. AT	MED		DECENDENT OF HISP , specify Cuban, Mexi			or No- 14	4. RACE — Ame Bleck, White,	rican Indian, etc.	
	1 Never Married 2 Marrie 3 Wildowed 4 Divorced		WAR OR DATES			YES 2 NO Spec	olfy:			Specify:	hite	
ااد	15. DECEDENT	'S EDUCATION	16a. Df	ECEDENT'S US	UAL OCCUE	PATION		b. KIND OF BUS	INESS/INDI IS		MTG	
	(Specify only highe Elementary/Secondary (0-12)	st grade completed)	(6	Sive kind of world. Do NOT use n	k done during	most of working		b. Alleb Or BOS		J161		
COMPLE	N/A	College (1-4 or		elf-En	plove	ed.		Home I	mprove	ements		
5	17. FATHER'S NAME (First, Middle, L							Middle, Malden	-			
u	Eldridge Ro	yal Jones						rl Smi				
ן מ	19e. INFORMANT'S NAME (Type/Pri		19	b. MAILING AD	DDRESS (Str	eet and Number or Run				code)		
2	William E. Jos	nes		2150 W	hist	ler Ave	Balti	more,	Md. 21	1230		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3		20b. PLACE	E ANO OATE O	F OISPOSIT	ION (Name	OA"	TE 20c. LOC	CATION - CH	ty or Town, State	Md.	
	4 Donation 6 Other (Speci	(y)	Lakev	iew Ce	emete:	ry 8-5-91		Syke	sville	e-Carro	ll Co	
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE			22. NAM	E AND ADDRESS OF Baltim	FACILITY	ations	Dik			
	C Manager	n Caleuch							I PIK	е		
	G. Truman Schwab  Baltimore, Md. 21229  23. PART I. Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	ahock, or haert f	ellure. Liat only one o	ause on each lin	a.						- In	ntarval Between and De	
	IMMEDIATE CAUSE (Final disease or condition	La	te Mys	Corona	1 2	Alarchiev	_				2 hs	
	resulting in death)	a. DUE	TO (OR AS A CONSE	QUENCE OF):		-				- 1	_	
z		Cov	vyene	Arter	4	Distabl.				1	5 yen	
2	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Lorte Myocarda   Interchian    Due to (or as a consequence of):  Coronary Artery Distable  Due to (or as a consequence of):  Due to (or as a consequence of):											
CERTIFICATION	cause. Enter UNDERLYING	<b>!</b>										
=	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
H H	resulting in death) LAST											
	PART II. Other algnificent co					lying ceuse given	in Part I.	24a. WAS AN			UTOPSY FINDI	
MEDICAL	Chronic	Obstructi	se Pul	monm	1 0	sease		PERFOR	4	COMPLI	BLE PRIOR TO ETION OF CAUS	
								1 1 163 2	4110	OF DEA	TH? ES 2   NO	
											20 2 0 110	
SICIAN	25. WAS CASE REFERRED TO MED	DICAL			2	6. PLACE OF DEATH (	Check only o	one)		1		
25	EXAMINER?  1 YES 2 NO	HOSPITAL:	2 ER/Outpatient		THER:	Home 6 - Residence	e 6 🗆 Oth	ner (Specify)				
¥	27. MANNER OF OEATH		OF INJURY	26b. TIME	OF 260	INJURY AT	-		W INJURY OCCURED			
<b>b</b>	1 Natural 5 Pendi	ng igation	n, Day, Year)	INJUF		WORK7						
ן מ	2 Accident ITY998 3 Suicide 6 Could	28e. PLAC	E OF INJURY At h	ome, farm, str	eet, factory,	office	28f. LO	CATION (Street a	and Number o	or Rural Route Nu	mber,	
_	4 Homicide determ		rigi eta (cpeany)				OR.	y or rown, states				
											177.4	
ETED	29e. CERTIFIER 1 CERTIFYIN	(Check only 1 CERTIFTING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner ee stated.									enner en state	
ETED	(Check only											
COMPLETED	(Check only	EXAMINER: On the besie	of examination end/or	r investigation,	in my opini			ne end piace, en				
BE COMPLETED	(Check only one) 2 MEDICAL I	EXAMINER: On the besie	)T -		In my opini	on, death occured at 1		ne end place, en		SIGNED (Month,		
	(Check only 1 CERTIFYIN one) 2 MEDICAL I	ENTIFIER H	7-1	MD				te end piace, en				
BE COMPLETED	(Check only 1 CERTIFYIN ONE) 2 MEDICAL I	ENTIFIER H	7-1	MD				te ena piace, en				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

21087

DHMH-16 Rev 1/89

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, I	PHYSICIAN: The law requires that the deat	the afte
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-	SPITAL O	ERAL DIRECTO

	4. SOCIAL SECURITY NUMBER	L AFY			1				1 2			2
		5. SEX 1√3 M 2 □ F	6. AGE (In yrs. I	st birthday)  YRS.	MONTHS	DAYS	HOURS 24	MIN. (I	ATE OF BIRTH Wonth, Day, Year)		Country)	CE (State or Foreign
	219-52-5212  9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
OR	HOME			TIMOR			SC. COUNT	T OF DEAT	1			
ECTOR	RESIDENCE OF DECEDENT											
DIR	MD.	*		10c. Cf	ry, town		ion TIMOR	F.			100	I. INSIDE CITY LIMITS?
RAL	10e. STREET AND NUMBER						ZIP CODE	خا.		1 40 - 017/7		XYES 2 NO
	2313 EUTAW PLAC			1.01	212	17		10g, CHIZE	USA	COUNTRY?		
DI FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1. IF YES, GIVE W	YES 2	RMED NO	- 1	If yes, spe	ENOENT OF ecify Cuben, 2 NO	Maxican, Pue	IIGIN? (Specify V irto Rican, atc.)	ea or No 1		American Indian, nita, aic.
	15. DECEOENT'S EDU (Specify only highest grade	CATION	16a, D	ECEDENT'S	USUAL O	CCUPATIO	)N		16b. KIND OF B	JSINESS/INOU		aron -
-	Elementary/Secondary (0-12)	College (1-4 or 5+)		e. Do NOT u	ise retired.)	during mo:	st of working					
	47 FATLIPPIO ALABAS (C ALLA V			NO	NE_							
E COMP	17. FATHER'S NAME (First, Middle, Last) WILLIAM RANDO	LPH SR.							rst, Middle, Maide	n Surname)		
o	19a. INFORMANT'S NAME (Type/Print)		-11	b. MAILING	AODRESS	S (Street a		RAH FO	OX Number, City or To	una Ctata Zia C	a dat	
2	SARAH JETT			180	0				BALTO.		000)	
	20a. METHOO OF DISPOSITION 1 Burlal 2.4. Cremation 3 Ram	oval from State	20b. PLACE		OF DISPOS					DCATION — CI	y or Town,	Slata
Ì	4 Donation 6 Other (Specify)		ME	PRO C	ther place)	ORY			C	ATONSV	ILLE	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND A ODRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME P.A. 1913 W. BALTIMORE, MARYLAND 21223 P.O. BO										OX 4433	
CERTIFICATION	Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	b DUE TO (c DUE TO (c	OR AS A CONSE	OUENCE O	F): F):		•		y Sy	r dem		Typak
		s contributing to d	eath but not	resulting	in the un							E AUTOPSY FINDINGS
	- A cute									LABLE PRIDA TO IPLETION OF CAUSE DEATH?		
												YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOREN					CE OF DEAT	TH (Check onl)	( one)			
2	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t: sing Home	5 Resid	lence 6 🗆 O	ther (Specify)			
BY PHYSIC	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	26a. OATE OF II (Month, Day	NJURY (Year)	26b. TIM INJ	E OF URY M	28c. INJU WOR 1 Y	PRY AT RK? ES 2 N		I. DESCRIBE HOW INJURY OCCURED			
3	3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE OF building, et	INJURY — At he c. (Specify)	ome, term, s	street, facto	ory, offica		26f. L	OCATION (Street City or Town, State	and Number or	Rural Route	Number,
COMPLET	29e. CERTIFIER (Check only one) 2	CIAN: To the best of m	y knowledge, de	esth occurre	ed at the ti	me, data s pinion, de	ath occured	d dus to the	csuse(a) and me late and place, as	nner as stated,	ause(a) and	menner se staled.
H H	29b. SIGNATURE AND TITLE OF CERTIFIES	· ·					29c. LICENS	E NUMBER		29d. DATE S	IGNED (Mon	th, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH (ITE	M 27) (7ma	Pript)		0	357	740	<b>7</b>	/301	91
	Melba Beine	mi	333	28	Pa	ul	Place	5	Balt	more	mp	21239
	31. OATE FILED (MONTH, Day, Year) AUG 2 1991	32 REGISTRAN	S SIGNATURE	delle								
	7,000		-								_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

**JETT** 

91 21088

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH MONTH 2

9TAR

3. TIME OF DEATH

11:30 PM

DHMH-16 Rev 1/89

2. DATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR

**GEORGE** 

1. DECEOENT'S NAME (First, Middle, Last)

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

		4. SOCIAL SECURITY NUMBER	5. SEX	ACE do to				00 0	1	71 11.50 111	
		218 18 8376	1 M 2 F	6. AGE (In yrs. las 67	MO	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
Pin				67	YRS.			12/27/19	23	Marv1and	
3 should	~	9a. FACILITY NAME (If not institution, give :					OR LOCATION OF D	EATN		NTY OF DEATH	
οî	DIRECTOR	NORTH ARUNDEL HO	OSPITAL AS	SOCIATI	CON	GLEN	BURNIE			A.A. COUNTY	
	Diameter 1	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ		10e CITY TO	OWN OR LOCA	ATION				
Ž	1 %									10d. INSIDE CITY LIMITS?	
mir.		Maryland Anno	e Arundel		Glen	Burni				1 TES 2 NO	
# E	RA					1	01. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?	
trans	FUNERAL	2704 Finch Roa					21060		U	.S.A.	
use as the burial-transit permit. Pages 1.	12	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 1	YES 2 N	MED (O	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	a or No-	14. RACE — American Indian, Black, White, etc.	
the b	B	3 Widowed 4 Divorced	IF YES, GIVE WAI			1 TYE	S 2 NO Specif	y:		Specify:	
as	ED	15. DECEDENT'S EDU	World W		CEDENT'S USL		NAME OF TAXABLE PARTY.	T		White	
r use	IE	(Specify only highest grade	completed)	(Gi	ive kind of work  Do NOT use re	done durina m	nost of working	16b. KIND OF BU	SINESS/IND	USTRY	
. pg	1 2	Elementary/Secondary (0-12)  10th Grade	College (1-4 or 5+)		licema			Baltin	nore	City Police	
be detached for at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		10	TICCIII	11				ordy rotrice	
be de	_		17	1.3			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)		
			aul Kriewa						ers		
5 should notified	은	19a. INFORMANT'S NAME (Type/Print)	_					Route Number, City or Tow	rn, State, Zip	Code)	
		Betty L. Kriewal	Ld		2704 F			en Burnie,	Mary	land 21060	
ector, page must be		20a. METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Rem	oval from State		MD DATE OF D		lame of	OATE 20c. LO	CATION —	City or Town, State	
direc		4 Donation 5 Other (Specify)		Ceda	r Hill			18/5 Ba1	timor	e, Maryland	
e funeral director, II. examiner musi			1054		,		NO AODRESS OF FA	nce Funera		_	
a) - a)		> Gerome	Zuam	unink	17	Geor	4001 Pi+c	hie Punera	T HON	more, Md. 21225	
removal.		23. PART I. Enter the diseases, or	complications that	caused the de-	ath. Do not	nter the m	ode of deing, but	h de carrier or man	Jar CTI	est, Approximate	
or re		snock, or nesrt failure.	List only one cause	pn each lins.		1	19	1 6	manus y arr	Interval Between	
ompletely filled in by the f. cremation, or remova event, the medical		IMMEDIATE CAUSE (Final disesse or condition Onset and On									
completely ial, cremat event, i		resulting In desth)	· / HVV	B AS A CONSEC	749	1114	LINI	MALLON		- OMw/a	
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" O E	RTIFICATION	Sequentially list conditions,	B. DUE 70 (0	R AB A CONSIO	MENUE OF	1 Vt	WWW NO	4MC		Han	
ysiciar prior	Ä	If any, isading to immediate cause. Enter UNDERLYING	Parentin	/	)					9	
giene p	Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (O	AS A CONSEC	UENCE OF):						
PI =	臣	resulting in death) LAST		-						1	
y the attered Mental	S		0.								
	MEDICAL	PART II. Other significant condition	s contributing to de	eath but not re	esulting in th	e underlyin	ng cause given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS	
9 E 6	임임							1 T YES 2	6	COMPLETION OF CAUSE	
									10	1 YES 2 NO	
ے نے م	AN:										
	4.5	25. WAS CASE REFERRED TO MEDICAL			78.	26. P	LACE OF DEATH (CI)	eck only one)			
Sta	Sic	1 YES 2 NO	HOSPITAL:	R/Outpatient 3		HER:	me 5 🖸 Residence	E C Debug Chand			
th the	글	27. MANNER OF BEATH	28s. DATE OF IN	JURY /	28b. TIME OF		JURY AT	18d. DESCRIBE HOW I	NAME OCC	umen	
fter this cath with marked,	A >	1 Natural 5 Pending	(Month, Day,	Year)	INJURY	444	YES 2 NO			-	
deal deal	D BY	3 Suicide 6 Could not be	28s. PLACE OF I	NJURY At hor	ne, farm, atrest			28f. LOCATION (Street )	and Mombar	ric Bland Strade Manhae	
after 28	茰	4   Homicide determined	building, etc	t. (Specify)				City or Years, State)		or Franki Fichille Harriche	
DIRE	I W II	29a. CERTIFIER									
35 =	MPL	(Check only one)	CIAN: To the best of my	y knowledge, des	th occurred at	the time, deta	e and place, and due	to the cause(s) and mar	ner as state	d.	
UNE HELIN	8			nination and/or in	rveatigation, in	my opinion, o	death occured at the	time, data and place, an	d due to the	cause(a) and menner as stated.	
TO THE FUNEF HIND WITHIN IMPORTANT:	BE	29b. SIGNATURE AND THUS OF CENTURE	7/10 r	1.11	11		29c. LICENSE NUM	BER	29d. DATE	SIGNEO (Month, Day, Year)	
<b>%</b> 1≧	TO	VIIIW.	Mas	MAY	NU				1	4-2-91	
/	-	30. NAME AND ADDRESS OF PERSON WHI HILARY T. O'HERI	COMPLETED CAUSE	OF OEATH OTEM	27) (Type, Print	1120	O /OLEM D	UDNITE MAD	V	01061	
		TILLARI I. O HERI	TIII/323 H	OSFILAI	י אנדאו	5, #20	O/GLEN B	URNIE, MAR	ILAND	21061	
1.		31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S	SIGNATURE							
4		AUG 2 1991	Juna Dave	door - Bran	3432						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

KRIEWALD

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	
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are be executed within 24 hours a	cremi	rent,
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A I E	S after	1 28
E TROUBLE UN ASI	ETAMETAL OIRECTOR; After this certificate has been signed by the attendir a matter of Health and Mental Hyg	item
5110	報報	MTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
1	23	RTA

91 21090 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last)
LEVONIA 2. DATE OF OEATH MONTH 7/29/91 3. TIME OF DEATH ANNETTE LYNCH YEAR 10:20a M SOCIAL SECURITY NUMBER 219 26 4979 5. SEX 6. AGE (In yrs. lest birthday)
51yrs 7. DATE OF BIRTH (Month, Day, Year) 11/06/39 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) N.C. 1 - M 2 - F MONTHS DAYS HOURS YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 6701 NORTH CHARLES ST GBMC TOWSON BALTIMORE RESIDENCE OF DECEDENT 10b. COUNT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE TOWSON 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1934 E. 31st ST 21218 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was anacify Cuban, Maxican, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Narried BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Specify: **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind al work done during most al working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) TRW 2yrs 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Florence E. Cherry Coley Powell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)
2502 Clarendon Road Brooklyn, N. Y. 11226 2 Gordon C. Lynch 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 N Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) cemetery, crematory of other place) A Park Randallstown, Md 8391 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) a. AZOTIMTA

DUE TO (OR AS A CONSEQUENCE OF): HEPATORENAL SYNDROME CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING MET. BREAST CANCER CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part !. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? SEOSIS 1 YES 2 NO DE DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) 27. N BY COMPLETED

	1 Nontiant 2 ER/Outpetlar	R 3 DOA 4 NU	rsing Home 5 - Residence	8 U Other (Specify)
7. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be determined	26a. Pt.ACE OF INJURY — A building, atc. (Specify)	At home, farm, atreel, tac	28f. LOCATION (Street and Number or Rural Route Number City or Town, State)	

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER MP 12773 .

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHARLES 21204

N. IT. BALTI, MP

32. HEGISTRADIO SIGNATURE
JUMA PAWASON-MANDAR

BE

29d. DATE SIGNED (Month Day, Year)

25/9/

eg S	7	Item
€	R	=
TO THE FUNER	be filed within	IMPORTANT
1	1	/

31. DATE FILED (Moon),

Day. 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

A A REGISTER SHOWN AND A SECOND AND A SECOND AS A SECO

						9	1 21091	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (	OF HEALTH AND M	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Lunch Mart	tha M. Lyn	ch	2. DATE OF DEATH MONTH	91	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUME 213-05-7021	5. SEX 3 AGE (In yrs. last		ZEAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) APR 30, 191	C	IRTHPLACE (State or Foreign ountry)  Maryland	
_	9a. FACILITY NAME (If not institution, give st		1	OWN, OR LOCATION OF DE	АТН	Se COUNTY O		
DIRECTOR	RESIDENCE OF DECEDENT	tan Hospita	) [ B	altimore Ci	ty			
IRE	Maryland Ba	ltimore	10c. CITY, TOWN OR	LOCATION arkville			10d. INSIDE CUTY	
1 1	10e. STREET AND NUMBER	TUIMOLE	'	10f, ZIP COOE		10g. CITIZEN	1 ☐ YES 2 ☒ NO  OF WHAT COUNTRY?	
FUNERAL	3135 Woodrin	ig Avenue		21	1234	Unit	ed States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	iO If y	S OECENDENT OF HISPAN es, specify Cuban, Maxica YES 2 X NO Specify	n, Puarto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17b. KIND OF BUSINESS/INDUSTRY							
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Housewi	fe				
اسا	17. FATHER'S NAME (First, Middle, Last) Walter	Helins	ski		ME (First, Middle, Maiden A Ma		inski	
TO 8	198. INFORMANT'S NAME (Type/Print) Raymond V. Jawo			Street and Number or Rural I				
	20a. METHOO OF OISPOSITION 1 M Burial 2 Cremation 3 Remoted Donation 5 Other (Specify)	oval from State other pis		of cemetery, cremetory or cery 8/3/9		cation — city :	or Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC			ME AND ADDRESS OF FA		imore,		
Щ	Multon	- Knight		onard J. Ruc				
	CONTRACTOR OF THE PARTY OF THE	complications (het ceused the de List only one cause on sech lina	eath. Do not enter th	ne moda of dylng, auc	h aa cerdiac or reapi	iretory arreat,	Approximate interval Between Onset end Death	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· Cardispul	monary	Avast				
2		b. Lymphomos						
CERTIFICATION	Sequantially list conditions, if any, leeding to immediate cause, Enter UNDERLYING	QUE TO (OR AS A CONSEC	OUENCE OF):					
IFIC	CAUSE (Disease or injury thet initieted events	cDUE TO (OR AS A CONSEC	OUENCE OF):					
ËRT	resulting in death) LAST	d						
	PART ii. Other aignificant condition	a contributing to death but not r	reaulting in the und	erlying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICAL					1 7 YES 2	P □ NO	OF DEATHS	
							1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)							
HYSI	1 TYES 2 NO	1 Inputiant 2 ER/Outputlant 3	DOA 4 Nursir	ng Home 5 🗆 Rasidenca 8c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO				
≿	2 Accident Investigation	3 Suicide a Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
TED BY	3 Suicide a Could not be	28s. PLACE OF INJURY — At he building, atc. (Specify)	ome, tarm, street, factor	y, offica	City or Town, State	)	urai noute munos,	
	3 Suicide a Could not be determined  29a. CERTIFIER (Check only	28a. PLACE OF INJURY — At he building, atc. (Specify)  ICIAN: To the best of my knowledge, de  ER: On the basic of examination and/or	eath occurred at the tim	e, data and piece, and du	to the cause(s) and me	nner ea stated.		
	3 Suicide a Could not be determined  29a. CERTIFIER (Check only	building, atc. (Specify)  ICIAN: To the best of my knowledge, de  ER: On the basic of examination and/or	eath occurred at the tim	e, data and piece, and du	to the cause(s) and me	nner se stated.		

**BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital no anametion physician	CIDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after health with the State part of Health and Merial Knowe infort in hurizal cremation, or remove	=
THE HOSPITAL OR ATTENDING PHYSICIAN	THE FUNERAL DIRECTOR: After this certific filed within 72 hours after death with the S	IPORTANT: If Item 28 is marked, or I

	st, Middle, Last)								2. DA	REG. N			3. TIME OF DEATH
	KEVIN		LEWIS							NTH 0.7 2	DAY O 1	991	4:20 a
4. SOCIAL SECURITY NUM	ABER	5. SEX	6. AGE (In yrs. is		IF UNDER 1	1 YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH onth, Day, Year)			IPLACE (State or Foreign
none		1 M 2 🗆 F	21	YRS.					7-	16-70			nidad W.
9e. FACILITY NAME (If not institution, give street end number)					9b. CITY,	TOWN	R LOCAT	ION OF D	EATH		9c. COU	INTY OF E	EATH
LIBERTY MEDICAL CENTER					B.	ALT	IMOR	E			В	ALTI	MORE
10e. STATE 10b. COUNTY					Y, TOWN OF		ION		_				10d. INSIDE CITY
New York	Kin	gs		Br	ookl	yn							LIMITS?
400 E. 1		t.					122						WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2  3 Widowed 4 Div			T EVER IN U.S. A YES 2 WAR OR DATES		l If	yes, sp.	ENDENT (	en, Maxica	in, Puert	GIN? (Specify You or Ricen, etc.)	ee or No-	14, RACI Blaci Spec	- American Indian, k, White, etc.
	CEDENT'S EDU		16a, D	ECEDENT'S	USUAL OC	CUPATIO	)N		1	6b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5 -	- Ari	e. Do NOT u			st of worki	ng					
12				тa	bore	r						170	
17. FATHER'S NAME (First, I Winston B		ic								t, Middle, Malde			
19a. INFORMANT'S NAME		T 0								lexan			
Marcia	M. Let	wis	1	816	OCE	(Street • an	Ave	or Rural	Route Nu	mber, CHy or To klyn,	N . Y	Code)	1226
20e. METHOD OF DISPOSI	lon 3 🗆 Rem	noval from State			OF DISPOSIT				0 0/	TE 200. L	OCATION —	City or To	wn, Sieta
4 Donation 5 Other		0	Fre	deri	ck D	oug	las	Mei	mP	k St	aten	Is]	and N.Y
21. SIGNATURE OF FUNER	AL SERVICE LI	7	-1		22. N	AME AN	D ADDRE	SS OF FA	CILITY				
					1 13	വിവ	125	S H'1	nna	ral C	Ortin.	CO	
iMMEDIATE CAUSE (Fi	nei	List only one cau	se go each lin	е.	not enter t	701 the mod	MC de of dy	Cul.	1 oh	ral S St.	2121	5	
immediate Cause (Fi disease or condition reaulting in death)  Sequentially list condi- if any, leeding to immediate, the cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events	tions, ediate	a. C. DUE TO	se go each lin	OUENCE O	not enter the	701 the mod	MC de of dy	Cul.	1 oh	St.	2121	5	interval Betwe
immediate Cause (Fi disease or condition reaulting in death)  Sequentially list condi if any, leeding to immediates. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	tions, dilate ring	a. Go Due To b. Due To c. Due To	(OR AS A CONSE	OUENCE O	1 not enter the property of th	701 the mod	MC de of dy	Cul ing. suc	loh haace	St.	2121	5	Approximeta interval Betwe Onset and Det
immediate Cause (Fi disease or condition reaulting in death)  Sequentially list condi- if any, leeding to immediate, the cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events	tions, dilate ring	a. Go Due To b. Due To c. Due To	(OR AS A CONSE	OUENCE O	1 not enter the property of th	701 the mod	MC de of dy	Cul ing. suc	loh haace	St. ordiac or res	2121 piratory ara	5 reat,	Interval Betwee
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IMMEDIATE CAUSE (Fi disease or condition reaulting in death)  Sequentially list condi if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS  PART II. Other aignific	tions, dilate ring and condition	a. Governorman and the country of th	(OR AS A CONSE	OUENCE O	1 not enter the property of th	701	MC de of dy	Culing, suc	Part I.	St. ordiac or res	2121 plratory arr	5 reat,	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	tions, dilate ring and condition	a. Could to DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	OUENCE O	ot enter the state of the state	701 the model of t	MC de of dy	Culing, suc	Part I.	24e. WAS A PERFO	2 1 2 1 plratory arri	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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IMMEDIATE CAUSE (Fi disease or condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  CAUSE (Disease or injustration in that initialed events resulting in death)  PART II. Other algnific  25. WAS CASE REFERRED TEXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2  2 Accident  3 Suicide 8 4 Memicide	tions, sidiate ling and condition of the	a. Countributing to  DUE TO	(OR AS A CONSE  (OR AS A CONSE	OUENCE O	OTHER:  OTHER:  OTHER:  OTHER:  OTHER:  A   Nursir	701  701  26. PL  101  101  101  101  101  101  101  1	MC de of dy	Gul ing, suc	Part I.  Part I.  28d. LOCCH	24a. WAS A PERFO	2 1 2 1 piratory arr  N AUTOPSY HRMED? 2 NO  INJURY OCC  T SHO  on All Market  of	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1V YES 2 NO
IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death to list in the	tions, dilate ING ury ST TO MEDICAL  Pending Investigation Could not be determined	a. Countributing to  DUE TO  D	(OR AS A CONSE  (OR AS A CONSE	OUENCE O	OTHER:  OTHER:	701 701 701 701 701 701 701 701 701 701	MC de of dy	Gul ing, suc given in EATH (Che saldence	Part I.  Part I.  28d. Di  28f. LO. Cir.  BA.	24a. WAS A PERFO	2 1 2 1  piratory arr  N AUTOPSY  HRMED?  2 NO  INJURY OCC  T SHO  and Number  of Manufact  T SHO  T	24b.  CURED T O RUELA	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1VES 2 NO
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IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death to list in the	tions, solidate ring and condition ro MEDICAL  Pending investigation  Could not be determined  TIFYING PHYSI	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE  (OR AS A CONSE	OUENCE O	OTHER:  OTHER:	701 701 701 701 701 701 701 701 701 701	MC de of dy	Gul ing, suc ing, suc ing, suc inglier	Part I.  Part I.  28d. LOCK Chr.  BA.  1lime, del	24a. WAS A PERFO	2 1 2 1  piratory arr  N AUTOPSY  RIMED?  2   NO  INJURY OCC  T SHO  and Number  370  E MA  street as date  29d. DATI	24b.  CURED T O GR RYLA: ted. Te couse(a) E SIGNED	WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1VES 2 NO  Oute Number, EENSPRING  Oute Number, EENSPRING  Oute Mumber, EENSPRING  (Month, Day, Year)
IMMEDIATE CAUSE (Fi disease or condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition in death)  Sequentially list condition in death)  CAUSE (Disease or injuit that initialed events resulting in death) LAS  PART II. Other aignific  25. WAS CASE REFERRED TEXAMINER?  1 Netural 5 Netural 5 Netural 5 Netural 5 Netural 5 Netural 5 Netural 6 Netural 6 Netural 7 Netur	tions, dilate ling and condition for MEDICAL  Pending Investigation Could not be determined  TIFYING PHYSI P	a. Gibble To DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  death but not  (ER/Outpatient:  INJURY  IN, 'bar')  I 1991  FINJURY—At hetc. (Specify)  LDENCE  my knowledge, diamination end/or	OUENCE O	OTHER:  OTHER:  OTHER:  In the undid  of the time of t	701 701 701 701 701 701 701 701 701 701	MC de of dy	Gul ing, suc given in  EATH (Che seldence NO	Part I.  Part I.  28d. LOCK Chr.  BA.  1lime, del	24a. WAS A PERFO	2 1 2 1  piratory arr  N AUTOPSY  RIMED?  2   NO  INJURY OCC  T SHO  and Number  370  E MA  street as date  29d. DATI	24b.  CURED T O GR RYLA: ted. Te couse(a) E SIGNED	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  TWES 2 NO  OUTO Number, EENSPRING

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1 . S1	OR TATE EGISTRAR		STATE OF MA	RYLAND	/ DEPAR	RTMENT	OF H	EALTH AND	D MENT	AL HYGIEI	_	91	21093
1. DECE	Ches	Migdie, Last)	a, me	RA	R				2. DAT	E OF DEATH	1/9/	WEAR 3.	TIME OF OEATH
1. soci	39-54		SEX B.	AGE (In yrs.		IF UNDER	DAYS	IF UNDER 24 HR HOURS MIN	s. 7. DAT	E OF BIRTH	1-2 14	Country)	ACE (State or Foreign
6	LILITY NAME (If not instinated)  OENCE OF DECE	>	t and number)			9b. CITY	TOWN OF	LOCATION OF	MD	>		TY OF DEAT	
10a. STA		10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATI	ON				10	d. INSIDE CITY
MD					BA	LTIM	10RE	, CIT	Υ .				LIMITS? YES 2 NO
1	REET AND NUMBER	D 1 T 1 MA	ODE CT		400		101.	ZIP CODE	h-3			EN OF WHA	T COUNTRY?
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	over Married 2 🗍 N Idowed 4 💢 Olvero	farried	FORCES? 1 TIF YES, GIVE WAR	YES 2	NO	16	yea, spe	NDENT OF HIS offs Cuben, Mea 2 7 NO Sp	ricen, Puarte	o Rican, etc.)	a or No-	Black, W Specify:	Amarican Indian, mite, atc. BLACK
	(Specify only i	DENT'S EDUCAT highest grade cor	ION npleted)	1000	DECEDENT'S	work done di	CUPATION	of working	16	b. KIND OF BL	ISINESS/INOU	STRY	
9T			College (1-4 or 5+)		ille. Do NOT u	se retired.)				GOODW	ILL I	NDUS	TRIES
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LI	LLIE WIL	SON			1633	THO	(Street en	AVE.	/ BAL	TIMOR	E, MD	212	16
1 M But	THOD OF DISPOSITIO riel 2 Cremation netion 5 Cherry	3 🗌 Remova	from State		EAND DATE				OA		CATION — CI		
	ATURE OF FUNEBAL		BEE	MAI	in E.W			ADORESS OF	FACILITY	ILAI	JRINB	<u>URG</u> ,	N.C.
•	X	217	to K	0	FA - 4					/110	1 -	NODI	TU 245
23. PA	FIT 1. Enter the office	essea, or com	plications that ca	uaed tha	daath, Do r	ot entar t	ha mod	MAKUH a of dving s	F • F	·/ IIU	I C.	NUK	H AVE.
IMMED disease	DIATE CAUSE (Fina e or condition ng in death)	int landre. Lia	only one csuae	on each III	na.								intarval Between Onset and Dasth
Sequar	ntislly list condition	na, <b>6</b> b	C (co 5 C) DUE TO (OR M)	AS A CONS	EOUENCE OF	Far	CT	_					
CSUSE.	lasding to immedia	G	DOE 10 (OR	AS A CONS	EOUENCE OF	F):							
that in	(Disesse or Injury Itiated events ing in desth) LAST	d	DUE TO (OR	AS A CONS	EOUENCE OF	F):							
PART I	I. Other algnificant	conditions c	ontributing to das	th but not	resulting i	n the und	erlying	cause given	in Part i.	24e, WAS AN	AUTOPSY	245 WE	RE AUTOPSY FINDINGS
										PERFOR	MED?	CO	ILABLE PRIOR TO MPLETION OF CAUSE DEATN?
												1 [	YES 2 NO
	CASE REFERRED TO I	MEDICAL					28. PLA	CE OF DEATH (	Check only o	ne)			
1 🗆	YES 2 NO		OSPITAL: Inpatient 2 - ER	/Outpatient	3 DOA	OTHER:	ng Nome	5 🗆 Residenc	• 6 🗆 Oth	er (Specify)			
	NER OF OEATN Natural 5 Pe	ndina	28e. DATE OF INJI (Month, Day, Y		28b. TIMI	E OF 2	8c. INJUI WOR	TY AT		SCRIBE HOW I	NJURY OCCU	REO	
2 🗍	Accident Inv	reatigation	28e. PLACE OF IN	JURY — AL P	nome farm	M front front		S 2 NO	204 1 5	DATION (C:			
4 🗆 1	Nomicide dei	uid not be termined	building, etc.	(Specify)			,, JING		City	CATION (Street or Town, State)	mra Number or	riurai Route	Number,
29a. CER (Chec one)	ck only CERTIF	YING PHYSICIAN	: To the beat of my	knowledge, o	leath occurre	d at the lim	e, data ai	nd place, end d	iun to lhe ca he time, det	use(e) and mai	nner se stated	cause(s) and	d manner as stated.
29b, SIG	NATURE AND TITLE OF		1= 4	h				9c. LICENSE N					nth, Day, Year)
30. NAME	AND AGORESS OF P	ERSON WNO CO	MPLETED CAUSE O	F DEATN (IT	EM 27) (Type	Print)		-			1/0	5/1	1/
					. 76 4								
	FILED (Month, Day, Yes		12. PEGISTRAR'S	SIGNATURE	delle								
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IN THE WORD IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE PLANT After this certificate has been signed by the attending physician and competely lined in by the funeral director, page 3 should be detached for use as the bunal-dark in the state Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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21094 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY YEAR MCGEE 4:05P THOMASINA 27 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 6. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 51-10-76630 S.C. 1 🗌 M 2 📈 F 74 YRS. 9a, FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE 10b. COUNTY Hd Ba Ho 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? **FUNERAL** 10e. STREET AND NUMBER 10f. ZIP CODE 5.14 Manor 21228 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married Specify: 8/ach B 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION

The substitution of the substitu COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) touse wife 17. FATHER'S NAME (First, Middle, Last) 18. MOYNER'S NAME (First, Middle, Maiden Surname) Benjamin Momas in BE ute Number, City or 19a, INFORMANT'S NAME Figpe/Print) 19b. MAILING APPRESS (Street and Number or 2 40114 110 My 2/228 METHOD OF DISPOSITION
Surial 2 Cremetion 3 Res 20c LOCATION — City or Town, State 20b. PLACE OF DISHOSITION (Name of by 4 Donation 5 Other (Specify) ... 21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition PHYSICIAN: MEDICAL SVD MYASTHE 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 TES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 6 Pending BY Investigatio 3 Suicide COMPLETED 6 Could not be detarmined

5 Qther (Specify)	OVAL HOM STATE	( Fl	116	Eurn (	RM	04	KesvII	le,	Md
PUNERAL BERVICE LIC	Elyan	/	22. HAME	and address of fac	200	West	bash	14	he
iter the diseases, or cook, or heart failure.		used the deeth. Do not a on each line.	inter the i	mode of dying, auci	h aa can	diac or reapir	atory arrest		Approximate Interval Between
AUSE (Finel ndition ————————————————————————————————————		AS A CONSEQUENCE OF):							Onset and Deeth
at conditions, to immediate INDERLYING se or injury	£	AS A CONSEQUENCE OF):							
eath) LAST	JUE 10 (OR	AS A CONSEQUENCE OF):							
SVD	e contributing to dec	RAVIS	ne underly	ying cause given in	Part I.	24a. WAS AN PERFOR	MED?	AVA COI DF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
FERRED TO MEDICAL	HOSPITAL:		THER:	PLACE OF DEATN (Ch					
DEATN 6 Pending Investigation	28a. DATE OF INJ (Month, Day, )	URY 28b, TIME O	28c.	INJURY AT WORK?  YES 2 NO		SCRIBE NOW II	NURY OCCUR	ED	
6 Could not be detarmined	28a. PLACE OF IN building, atc.	JURY — Al home, farm, stree (Specify)	it, factory, o	office	261. LOC City	CATION (Street e or Town, State)	and Number or i	Rural Routi	Number,
/		knowledge, death occurred a ination and/or investigation, i						ause(s) an	d manner as stated.
AND TITLE OF CERTIFIED	+ MD Ho	use Office	2	AS244	MBER - /6/	1463	29d. DATE S	IGNED (MG	nth, Day, Year)
DORESA DE PERSON MY	WOVER	ST BAC	7M0	RE M	D 2	1230	)		
Month, Day, Year) G. 2 1991	Julia Day	SIGNATURE SOME PARTIES							
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29b. SIGNATURE AND TITLE OF CERTIF

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IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	IT THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked or Item 23 shows any Injury or other traumatic event the marked araminer much he marking or once
HOSPITAL OR AT	UNERAL DIRECTION OF THE PROPERTY OF THE PROPER	ANT: If Item
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	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.	91	21095	
	1. DECEDENT'S NAME (First, Middle, Last)  (KELLY) KELLEY			DDEN		2. DATE OF MONTH		1991	3. TIME OF DEATH 5:20 a M	
	4. SOCIAL SECURITY NUMBER 248–40–1138	5. SEX 1 XXM 2   F	8. AGE (In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 18–17		8. BI	RTHPLACE (Stetle or Foreign unitry) S.C.	
TOR	90. FACILITY NAME (If not institution, give s 4731 BEAUFORT RESIDENCE OF DECEMENT	· ·		9b. CITY, TOWN	DEATH		9c. COUNTY O			
DIRECTOR	100. STATE 100. COUNT	Y	10c. Cr	ry, town on Loc Baltimor					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4731 Beaufort Avenue			1	01. ZIP CODE 21215			USA	DF WHAT COUNTRY?	
BY FU	11. MARITAL STATUS  1 A Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1) IF YES, GIVE W	EVER IN U.S. ARMED A YES 2 NO AR OR DATES	If yes, s	CENDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec	cen, Puerlo Ric	(Specify Yee o en, atc.)	В	ACE — American Indian, liack, White, etc. pecify: B1aCk	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	(Give kind of	S USUAL OCCUPAT work done during n se retired.)	ION lost of working	18b. K	IND OF BUSIN	IESS/INDUSTR		
BE CO	17. FATHER'S NAME (First, Middle, Last)  James McFadden					a Burges	S			
5	199. INFORMANT'S NAME (Type/Print)  11 VSSES Mc Fadden		4731	Beaufort		Baltin	nore, Mo	21215		
	20e METHOD OF DISPOSITION  1 AVBuriel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		20b. PLACE AND DATE COMMENCY, COMMENCE OF	Toyest Ve	teran Cem	8291	Owi	ngs Mil	Town, State 1s, Md	
	Hola Y.	Marco	4	Mar 430	ch F/H We 0 Wabash	st Avenue		_		
	23. PART I. Enter the diseasea, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inherval Batwork, or heart failure. List pnly one cause Dn each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING AUSE (Disease or injury								
	PART II. Other aignificant condition	d	teeth hut not requision	in the condent i		5 I				
: MEDICAL	Stolzens Dis	in the ungaryii	ig cause givan in		PERFORME DES 2 [	ED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH	EXAMINER?    HOSPITAL:   OTHER:   OTHER								
B	Natural 5 Pending Investigation	28e. DATE OF I (Month, Date of PLACE OF	(, Year) IN. INJURY — At home, ferm.	M 1	JURY AT DRK? YES 2 NO			Number or Ruin		
COMPLETED	4   Homicide determined building, stc. (Specify)  29e. CERTIFIER (Check only 1   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, date end place, and due to the cause(e) and manner ee stated.									
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	2 WEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death of the second se							(e) and manner se stated, (ED (Month, Day, Year) 29/1991	
	30. NAME AND ADDRESS OF PERSON WHILE  MANY AND MANY  31. DATE FILED (Month, Day, Year)	O COMPLETED CAUSE  A LO Q  32. REGISTRAR	or our 11	Print) 1 PENN S	STREET E	BALTIMO	DRE, M	ARYLAN	D 21201	
	AUG # 199		Savidson Randa	2					DHMH-16 Rev 1/89	

A ATTENDING PHYSICIAN: The law requires that the death certificate be executed wifein 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	death	
DING	After	be filed within 72 hours after death with the	IMPORTANT: It Item 28 is marked,

						91 21096						
	1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND N	MENTAL HYGIENE REG. NO.							
31	1. DECEDENT'S NAME (First, Middle, Lest)	MARGARET R.	MANCED	1	2. DATE OF DEATH	3. TIME OF OEATH						
	MARADENT C	OTHOR LUE	MANGER	1000	MONTH 7 DAY 26	YEAR 2 30 /4 M						
- 13		SEX 6. AGE (In yrs. les			7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign						
	2/4-50-3427 1	DM2 □F 93	YRS. MONTHS	DAYS HOURS MIN.		MARYLAND						
OR	96. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  Baltimore  BALT  RESIDENCE OF DECEDENT											
ਨੁ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		THE CITY TOWN O	B I OCATION		10d, INSIDE CITY						
DIRECTOR	MD B	D BALTIMORE WOODLAWN										
FUNERAL	100. STREET AND NUMBER 6002 Burnt Oak Rd.—Balto. 101. ZIP CODE 109. CITIZEN OF WH											
3	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN U.S. AR	MED 13. Y	MAS DECENDENT OF HISPAN		14. RACE — American Indian,						
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES		f yes, specify Cuben, Maxicar  TYES 2 TNO Specify		Black, White, etc. Specify: WHITE						
COMPLETED	15. OECEOENT'S EDUCATH (Specify only highest grade com	npleted) (G	CEDENT'S USUAL OC	CCUPATION during most of working	16b. KINO OF BUSINESS/INO							
2	/ /	Ollege (1-4 or 5 +)	Housew	I CO	/ ·							
×	N/A	N/A	Touseu		N/A							
	17. FATHER'S NAME (First, Middle, Last)	000			ME (First, Middle, Maiden Surname)							
B	beorge WKO	nees Rodge			er Keller							
6	190. INFORMANT/S NAME (Type/Print)		6. MAILING ADDRESS	(Street and Number or Rural F	Route Number, City or Town, State, Zip	Code)						
-1		anger (		nt Oak Rd		21228						
	20s. METHOD OF DISPOSITION 1 Neurisi 2 Cremetion 3 Removal	from State 20b. PLACE	OF DISPOSITION (National)	me of cemetery, crematory or	7-29-90 LOCATION -	City or Town, State						
	4 Donation 5 Other (Specify)	Balt:	imore Na	ational Ce	metery Balt	imore.Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22. (	NAME AND ADDRESS OF FAC	CILITY	,						
7)	G. Truman S	ahurah			more Nationa	il Pike						
					Md. 21229	and I demonstrate						
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line.  Approximate Interval Between Onest and Death											
	IMMEDIATE CAUSE (Final											
	diseese or condition reaulting in deeth)	Me	tastatie	Breast	lancer							
	å –	DUE TO (OR AS A CONSE	OUENCE OF):									
Z	Sequentially list conditions.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediata  DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or Injury											
#	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):									
H	d.											
. 1	PART ii. Other significant conditions co	ontributing to death but not	resulting in the un	dariving causa given in	Part I. 24e, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
₹		AND SALES OF THE SALES		, , ,	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
ā	0				1   YES 2   NO	OF DEATH?						
Ξ					_	1 TYES 2 NO						
ÿ												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	- CTUE	26. PLACE OF OEATH (Che	ack only one)							
S		☐ Inpatient 2 ☐ ER/Outpatient 3	OTHER	ting Home 5 - Residence	6 Other (Specify)							
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?	26d. DEŞCRIBE HOW INJURY OCC	CUREO						
BY	1 Natural 5 Pending 2 Accident Investigation	(,	м	1 YES 2 NO								
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fact	ory, affice	281. LOCATION (Street and Number	or Rural Route Number,						
딢	4 Homicide determined	charally			City or Town, State)							
COMPLET	298. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge 4	with occurred at the ti	Ime date and place, and due	to the cause(a) and manner as atat	ed.						
Z	onel				time, data and place, and due to th							
8												
BE	29b. SIGNATURE ANO TITLE OF CERTIFIER	70.02 1.	^	29c. LICENSE NUM		E SIGNEO (Month, Day, Year)						
	77	100	U	037	573	7/26/91						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Jef Zibell M.D. 7270 Park Heights Ave. Baltimore MD 21202												
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)		0 11 -	10 2						

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

AUG 2 1991

10018 13

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOTHE FUNERAL DIRECTOR ATTENDING PHYSICIAN. The law magnives that the death certificate be executed within 24 flows after death. Page 6 may be metalled by the hamman physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Orgot, of Meath and Mental Hygiere prior to burial, cremonal.

IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Allichis, La	40			2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
William  A. SOCIAL SECURITY NUMBER	J. McClaffe			7	28 9	7:05 P
A. SOCIAL RECURITY NUMBER	P. C.	MOR	UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIFTTH (Month, Day, Year)	A. (	BIRTHPLACE (State or Foreign Country)
212-28-5334	1 R * 2 - 7	7 YRS.		10-12-1	913 C	onnecticut
Se. FACILITY NAME (If not institution, go	a street and number)	96	CITY, TOWN OR LOCATION OF	DEATH	96. COUNTY	OF DEATH
Greater Balto M RESIDENCE OF DECEDENT	edical Center		Towson		Ba	lto.
10e. STATE 10b. COU		HOL CITY, TO	WN OR LOCATION			10d. INSIDE CITY
Maryland	Balto.	Te	wson			1 YES 24 NO
10s. STREET AND NUMBER	- MARIE - C		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
5 Theo Lane			2120	4	U.S.	. A.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES		13. WAS DECENDENT OF HISP	ANIC ORIGINT (Specify )	fes or No - 14.	RACE — American Indian,
1 Never Married 2 3 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DE		If yes, specify Cuban, Max t   YES 2   YNO Spe			Black, White, etc. Specify:
15. DECEDENT'S E	W.W	.11				White
(Specify only highest gri	sde completed)	Mis. DECEDENT'S USU (Clive kind of work Mis. Do NOT use not	done during most of working	16b. KIND OF B	USINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	General		Ι,	Medical	
17. FATHER'S NAME (First, Africale, Last)	0	General	- Control of the last of the l			
	T Maclaffay		(1000 application)	Rose Leon		
194. INFORMANT'S NAME (Type/Print)	J. McClaffer	the state of the s	RESS (Street and Number or Run		22-31 (A) (A) (A)	
Mrs. Beatrice H.	McClafforty		Same a		swin, Stillin, Zip Cied	Meg
20s. METHOD OF DISPOSITION	- 120	PLACE AND DATE OF DI		THE PERSON NAMED IN	OCATION — City	
10 Burtat 2 Commetton 3 The			ley Mem. Grdr	S 8/1/91	Carried Control of the Control	um , Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	graney var	22. NAME AND ADDRESS OF		7.1110111	cum , ma.
> /w 116	XV. L. IV			Contract of the Contract of th	Venle Da	1. 21204
( ) on all (	VISITALIA I			1000	IOIK NO	1. 21204
	reader si.		Ruck Towson I	hunamal Hee	Tne	
23. PARTA. Enter the diseases, o	r complications that caused	I the death. Do not a	Ruck Towson I	Puneral Hor	ne. Inc.	Approximate
IMMEDIATE CAUSE (Final	r complications that caused a. List only one cause on en	the death. Do not each line.	many at the contract of the co	Puneral Hor	ne. Inc.	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	r complifations that caused a. List only one cause on er	the death. Do not each line.	many at the contract of the co	Puneral Hor	ne. Inc.	
IMMEDIATE CAUSE (Final	a. Resp	the death. Do not each line.	many at the contract of the co	Puneral Hor	ne. Inc.	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Rust	the death. Do not each line.  But a 4  CONSEQUENCE OF:  Curclos	many at the contract of the co	Puneral Hor	ne. Inc.	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Rust	the death. Do not each line.  CONSEQUENCE OF:  CONSEQUENCE OF:	many at the contract of the co	Puneral Hor	ne. Inc.	Approximate Interval Between
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO JOH AS A	the death. Do not each line.  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:	many at the contract of the co	Puneral Hor	ne. Inc.	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO JOH AS A	CONSEQUENCE OF:	many at the contract of the co	Puneral Hor	ne. Inc.	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A  E.  DUE TO (OR AS A  C.	CONSEQUENCE OF:	ry and	Cuneral Horich as cardiac or real	ne. Inc.	Approximate Interval Betwee Onset and Deat Shurr
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A  E.  DUE TO (OR AS A  C.	CONSEQUENCE OF:	ry and	Pineral Horich as cardiac or real	ne. Inc. piratory arrest,	Approximate Interval Betwee Onset and Deal Shura / 2 Aug.
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A  E.  DUE TO (OR AS A  C.	CONSEQUENCE OF:	ry and	Puneral Horich as cardiac or real	ne. Inc. piratory arrest,	Approximate Interval Betwee Onset and Deal Shurs 12465
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A  E.  DUE TO (OR AS A  C.	CONSEQUENCE OF:	ry and	Pineral Horich as cardiac or real	ne. Inc. piratory arrest,	Approximate Interval Betwee Onset and Deal Share   12 Aug   12 Aug
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A  E.  DUE TO (OR AS A  C.	CONSEQUENCE OF:	e underlying cause given in	Pineral Horich as cardiac or real	ne. Inc. piratory arrest,	Approximate Interval Betwee Onset and Deal Share   12 Aurs   12 Au
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  15. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  Ut not resulting in the	e underlying cause given in	n Part I. 24a. WAS A PERFO	ne. Inc. piratory arrest,	Approximate Interval Betwee Onset and Deat Succession 12 August 12
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to medical examines?  1 YES 2 NO  MANNER OF DEATH  1 Natural 5 Pending	a. DUE TO (OR AS A	CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  Ut not resulting in the	e underlying cause given in the state of the	PINETAL HOTICH AS CARDIAC OF FEBRUARY  DESCRIPTION OF THE PROPERTY OF THE PROP	N AUTOPSV HAURY OCCURE	Approximate Interval Betwee Onset and Deal Shuran Interval Betwee Onset and Deal Shuran Interval Betwee Onset and Deal Shuran Interval Betwee Onset Interval Interval Interval Interval Interval Interval Interval Interval
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  PART II. Other significant conditions.  II. WAS CASE REFERRIED TO MEDICAL EXAMINER?  1	A. DUE TO (OR AS A  DUE	CONSEQUENCE OF:  CONSEQ	e underlying cause given in the street of th	PINETA   Horistan American Ame	IN AUTOPSV PINAUTOPSV	Approximate Interval Betwee Onset and Deal Shura / 2 July 2  24b. WERE AUTOPSY FINDING AMBLE PIRON TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  15. WAS CABE REFERRED TO MEDICAL EXAMINERS   Investigation   16. WAS CABE REFERRED TO MEDICAL EXAMINERS   Investigation   17. Natural   Investigation   18. WAS CABE REFERRED TO MEDICAL EXAMINERS   In	A. DUE TO (OR AS A  DUE	CONSEQUENCE OF:  CONSEQ	e underlying cause given in the street of th	PINETA   Horistan American Ame	IN AUTOPSV PINAUTOPSV	Approximate Interval Betwee Onset and Deal Shura / 2 July 2  24b. WERE AUTOPSY FINDING AMBLE PIRON TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

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BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosoital or attending ohysician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERTIF	FICATE O	DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last) William	James	MC LAU	GHLIN		2. DATE OF DEATH AUGUST	PAY 1993	AR 1:40 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Formion
	216 05 2364	1 m 2 □ F	96 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give :	street end number)	- 70	9b, CITY, TOWN	OR LOCATION OF D	11/15/1	9c. COUNTY	Balto. Co. MD
S.	Franklin Square	Hospital Cen	iter	Balti			Balti	
DIRECTOR	RESIDENCE OF DECEDENT							
R	10a. STATE 10b. COUNT	-		TY, TOWN OR LOC	ATION			10d. INSIDE CITY
		imore County	Es	sex				1 X YES 2 NO
¥	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
当	318 S. Taylor Av	enue			21221		U.	S.A.
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 [X] YES	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Y		RACE — American Indian, Black, White, atc.
Σ	1 Never Married 2 Merried 3 V Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 T Yes, 1	S 2 NO Speci	an, Puerto Rican, etc.) fy:		Black, White, atc. Specify:
	A	World War 1			A			White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	carrion completed)	(Give kind of	work done during n	ION lost of working	16b, KIND OF B	USINESS/INDUST	RY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT L					
ž.	4		Mechani	С			omotive	
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maide	in Sumame)	
BE	William McLau	ghlin			Sara	h Jane	Chester	
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
- 1	Doris Zepp	<u>(daughte</u>	r) 318	S. Taylo	or Ave. B	altimore,	Marylan	nd 21221
	20e. METHOD OF DISPOSITION 1   Burlel 2 □ Cremetion 3 □ Rem	20	b. PLACE AND DATE	OF DISPOSITION //	leme of	0.475 200 1	OCATION ON	T 0
	4 Donation 5 Other (Specify)	Mc	st Holy	Redeeme	r Cem. 8	3/3/91 Bal	timore.	Maryland
	21. SIGNATURE OF FUNERAL SISTAICS LIC	ZENSEE A K	1 -	22. NAME /	ND ADDRESS OF FA	CILITY		
	Harm 19		1/2			uneral Hor		
	23. PART I Enter the diseases, pr	complications that ceuse	d the deeth. Do	not enter the m	castern	Ave. Balt:	Lmore, N	Maryland 21221
	SHOCK, DI HESIT ISHUTE.	List only one cause on	each line.		oue or dying, suc	il as caldisc of res	piratory arrest,	interval Between
	IMMEDIATE CAUSE (Final disease or condition	De suma d'a						Onset and Death
ı	resulting in death)	s. Pneumonia	A CONSEQUENCE O					
- 1		Hypernatre		· · · ·				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE O	F):				
8	cause. Enter UNDERLYING	Hypokalemia						i
Ĕ	CAUSE (Disesse or Injury that initiated events		A CONSEQUENCE O	F):				
	resulting in desth) LAST	Dehydration	n					
	DADE II ON 1 M	-						
EDICAL	PART II. Other significent condition	s contributing to death t	but not resulting	In the underlying	g cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음						1 Tes		COMPLETION OF CAUSE OF DEATH?
ME								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (Ch	eck only one)		
Si	1 TES 2 NO	HOSPITAL: 1 Xinpetiant 2 ER/Out	patient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
Ě	27. MANNER OF DEATH	28e, DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT	26d. DESCRIBE HOW	INJURY OCCURE	D
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		ORK? YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY	/ — At home, Jerm,	street, factory, offi	10	281. LOCATION (Street	and Number or R	urai Route Number
COMPLETED	4 Homicide determined	building, etc. (Spe-	city)			City or Town, State	9)	Terrore Tronson,
١٣	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of an in-		nusten av				
ž I	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	neage, death occurr	ed at the lime, dat	end place, and due	to the cause(e) and me	inner ae atated.	
8		R: On the basis of examinatio	and/or investigation	m, in my opinion,	leath occured at the	time, data and place, a	nd due to the cau	ree(s) end menner es stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	A			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
2	skuhllians	or MO			1394		8/	1/91
	30. NAME AND ADDRESS OF PERSON WHO Shirnett William	nson, M.D.	9000 Frai	nklin So	uare Dri	ve Baltir	more, MI	21237
	31. DATE FILED (Month, Day, 1991	JUNA DAM GACA	Mande 12					

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

	e retained by the host	e 5 should be detache	notified of once
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 22 hours after death with the State Deat of Health and Mental Horiene prior to burial, cremation, or removal.	indeporter, is the 29 to marked or then 23 shows and linior or different the mailed examiner must be notified at once
	within 24 hours after	pletely filled in by th	pot the medical
	tificate be executed v	In the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill within 22 hours after death with the State Deer of Health and Mental Horiene prior to burial, clemation, or removal.	ther traumatte av
2	s that the death cer	ned by the attending	onv iniury or o
	IAN: The law require	rtificate has been signed of He	or item 23 chouse
	ATTENDING PHYSIC	CTOR: After this cer	20 le morted
	THE HOSPITAL OR	THE FUNERAL DIRE	DODTANT. 16 Hom
e	j	(	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAI			F HEALTH AND NOF DEATH	MENTAL HYGIENI REG. NO.	_ , ,	21099
1. DECEDENT'S NAME (First, Middle, Last)	ullen/Mar	y Agne	s Mul	.len	2. DATE OF DEATH DA	7-31-91 31-91	3. TIME OF DEATH 3: 30 a.
4. SOCIAL SECURITY (19) BER 19.5 360312	1 0 M 2 OF L	yrs. leat birthday) YRS.		NYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	Cour	THPLACE (State or Foreign nity) ennsyvania
9a. FACILITY NAME (If not inatitution, give s	itreel and number)		Bb. CITY, TO	WN OR LOCATION OF DE	MD	9c. COUNTY OF	OEATH
10a. STATE 10b. COUNT Maryland	Y	10c. CIT	ry, town or L Ball	ocation .timore		-	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	rt Street aj	n+ 4	06	101. ZIP CODE 21 202		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	J.S. ARMED	13. WAS	G OECENOENT OF HISPAN Is, specify Cuban, Mexican YES 2 X NO Specify	n, Puerto Rican, atc.)	or No- 14. RA	CE — American Indian, ack, White, etc. White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)  2yrs	Give kind of ville. Do NOT us  Cash	work done durings retired.)	PATION ng most of working		thing C	
17. FATHER'S NAME (First, Middle, Last)  Cornelius Pati  19s. INFORMANT'S NAME (Type/Print)	rick Mullen	TOP STAIL INC		Esther	ME (First, Middle, Malden r Florence	e_Hook	
Patricia M. Mi  20a. METHOD OF DISPOSITION  1 Burlel 2 A Cremetton 3 Rem	206.1	1101	N. C	treet and Number or Rural F alvert St TION (Name	treet, Ap	on, State, Zip Code) $\frac{1000}{1000} + \frac{1000}{1000}$ $\frac{1000}{1000} + \frac{1000}{1000} + \frac{1000}{1000} + \frac{1000}{1000}$	
1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1		letro (	22. NA	tory, Inc	2.7/31 Ba	altimor	e, MD
	MacNabb		29	emation S 9 Frederi	ick Rd	Balto.	MD 21228
23. PART I. Entar the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE-TO (OR AS A C	ch line.		) mode of dying, auci	h aa cardiac or respi	retory arreat,	Approximate Interval Batween Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. YES ALTA DUE FO (OR AS A C  C. CHYMIC DUE TO (OR AS A C  d. Libet	cho	24	ure zilure			
PART II. Other eignificent condition	na contributing to death but	. 1	In the under	rlying cause given in	Part i. 24a. WAS AN PERFOR	RMED?	14b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	tlent 3 DOA	OTHER:	26. PLACE OF DEATH (Ch			
27. MANNER OF DEATH  1	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	ME OF 28	c. INJURY AT WORK? I YES 2 NO	28d. DEŞCRIBE HOW I	INJURY OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, atc. (Specif)	– At home, farm,	street, factory,	, office	281. LOCATION (Street a City or Town, State)	and Number or Rura	al Route Number,
anal controlly	SICIAN: To the best of my knowled						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	010	MD		29c. LICENSE NUM	MBER	29d. DATE SIGNI	1 31 9/
30. NAME AND ADDRESS OF PERSON W	Mercy Me	of cut	e, Prine) Ctr.	St Paul	St Ba	Ito Mi	
31. DATE FILED (Month, Day, Year)	AUG 2 199	1 Sien	in Davids	n-Randesc			

Justick Rd., Balto., MD 21228

ttending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of femoral. An arm of the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	
by the hospital or a	d be detached for us	at once.
ge 6 may be retained	irector, page 5 shoul	r must be notifie
D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral of or removal.	MPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
executed within 2-	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur- e field within 72 hours after death with the State Dect of Health and Mental Houlene prior to burial, cremation, or removal.	imatic event, the
death certificate be	ne attending physicia Mental Hydiene prior	ury, or other trac
law requires that the	as been signed by the	23 shows any In
NG PHYSICIAN: The	fter this certificate h	marked, or Item
PITAL DR ATTENDI	ERAL DIRECTOR: A	T: If Item 28 Is
D THE HOS	D THE FUNI	MPORTAN

1. DECEDENT'S NAME (First, Middle, Last)	MASI	ayne Ed	war	d Masi		2. DAT	TH C		YEAR 91 10:40	гн
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	(Mo	E OF BIRTH nth, Day, Year)	,	6. BIRTHPLACE (State or Fi	oralgn
9a. FACILITY NAME (If not institution, give	1 M 2 F	93	YRS.	95 CITY TOWN	OR LOCATION OF		8-56		MD.	
Stella Maris Ho				Towso		DEATH			altimore	
Many and	Y		10c. CIT	Y, TOWN OR LOC					10d. INSIDE CIT	
Maryland  100. STREET AND NUMBER					imore			10a, CITIZ	1 X YES 2 ZEN OF WHAT COUNTRY?	NO
243 Waxter Way	V				2121	7			USA	
11. MARITAL STATUS  1 Never Married 2 Married  3 Vidowed 4 Divorced	FORCES?	NT EVER IN U.S. ARM 1 YES 2 AND WAR OR DATES	MED O	if yee, s	CENDENT OF HIS pecify Cuban, Mar S 2 NO Sp.	ican, Puert	ain? (Specify Ye o Rican, etc.)	es or No-	14. RACE — American Ind Black, White, etc. Specify: White	
15. OECEDENT'S EDU (Specify only highest grad		16a. DEC	EDENT'S	USUAL OCCUPAT	ION	1	66. KIND OF BU	JSINESS/IND		
Elementary/Secondary (0-12)	College (1-4 or 8 2yrs	+) #6. I	Do NOT u	agemen		- 11	Н	otel		
17. FATHER'S NAME (First, Middle, Last)					V	NAME (First	, Middle, Maide	n Surname)		
Harvey E. Mas	simore				Bett	yJ.	Mill	er_		
19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street		ral Route Nu	imber, City or To	wn, State, Zip	Code)	
Harvey E. Mas:	ımore			ty J.			To a			
1 □ Buriel 2 🔀 Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)		Metr							city or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	120	-		ANO ADDRESS OF	EACH ITY				
George E. I  23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	MacNabb complications the	use on each line.		Crei 299 not enter the m	mation Freder	Soc cick	Rd.,	Balt	aryland, 1 to., MD 21 est, Approximinterval E Onset an	22 ate
23. PART I. Enter the diseases, or abook, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Mac Nabb complications thi List only one ca a. Due To OUE To	at caused the dea use on each line.  (UNO BL)  O (OR AS A CONSEON  O (OR AS A CONSEON  O (OR AS A CONSEON	UENCE O	Cre: 299 not enter the m	mation Freder	Soc cick	Rd.,	Balt	est, Approxim	22 ate
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23. PART I. Enter the diseases, or abook, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	MacNabb complications the List only one ca a	UNO BL O(OR AS A CONSEON O (OR AS A CONSEON O (OR AS A CONSEON	UENCE O	not enter the m  299  not enter the m  Fig.  Fig.  In the underlyi	mation Freder ode of dying, a	Soc cick uch as co	Rd., ardiac or real  24a. WAS A PERFO 1 □ YES	Balt piretory arm	24b. WERE AUTOPSY ANALABLE PRIOR OF DEATH?	222 ate Setweed Dee
23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions in death in the conditions in the	Mac Nabb  complications the List only one ca  a	O (OR AS A CONSEON O GOR AS A CONSEON O (OR AS A CO	UENCE O	OTHER:	mation Freder ode of dying, a	Soc cick uch se ca com /	Rd., ardiac or real	Balt piretory arm	24b. WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATHY	22 late letwed Dec
23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 6 Pending	MacNabb  complications th. List only one ca a.  DUE TO  DUE TO  d.  HOSPITAL: 1   Inpelient 2	O (OR AS A CONSEON O GOR AS A CONSEON O (OR AS A CO	UENCE O	OTHER: 4   Nursing Ho	mation Freder ode of dying, a -/MPH  ng cause given	Soc cick uch se ca com /	Rd., ardiac or real	Balt piretory arm  N AUTOPSY PRIMED?  2 MNo	24b. WERE AUTOPSY ANALABLE PRIOR COMPLETION OF OF DEATH  1  YES 2	22 ate letwe d Ded
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23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 6 Pending Investigation 1 Suicide 6 Could not be determined (Check only) 1 CERTIFFING PHYS	Mac Nabb  complications the List only one ca  a	D (OR AS A CONSECUTION OF INJURY — At home, etc. (Specify)	UENCE O  UENCE O	OTHER: 4 Nursing Hotel Street, factory, offered at the time, da	mation Frede; ode of dying, a  -/MPH  mg cause given  PLACE OF DEATH  me 5   Residen  JURY AT  JURY AT  JURY AT  JURY 2   NO  loe	SOC Cick uch se ca	24a. WAS A PERFC 1 YES One) Ther (Specify) DESCRIBE HOW DOCATION (Street) Course(a) and m	Balt piretory arm  N AUTOPSY PRIMED? 2 DENO HOSDI r INJURY OCC	24b. WERE AUTOPSY AWALABLE PRIOR COMPLETION OF OF DEATH?  1 VES 2	22 ate letwed Det
23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 6 Pending Investigation 1 Suicide 6 Could not be determined (Check only) 1 CERTIFFING PHYS	MacNabb  complications the List only one ca a	DOR AS A CONSECUTION OF INJURY At hon, etc. (Specify)	UENCE O	OTHER:  A United by Market Street, factory, officer, in my opinion, in my opinion,	mation Frede; ode of dying, a  -/MPH  mg cause given  PLACE OF DEATH  me 5   Residen  JURY AT  JURY AT  JURY AT  JURY 2   NO  loe	SOC CICK Uch se ca	24a. WAS A PERFC 1 YES One) Ther (Specify) DESCRIBE HOW DOCATION (Street) Course(a) and m	Balt piretory arro  N AUTOPSY PRMED? 2 DENO  HOSDI  Find Number  and due to the	24b. WERE AUTOPSY ANALABLE PRIOR COMPLETION OF OF DEATH? 1  YES 2	22 ate letwed Det

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL DR ATTENDING DHVCICIAN. The law requires that the death cariforns he evented mithing as the
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	Louis C. Muelle							2. DA	8-1-9	ĭ	YEAR	3. TIME OF DEATH 2:25 A. N
	4. SOCIAL SECURITY NUMBER 216-10-1132	5. SEX	6. AGE (In yrs. la:	sl birthday) YRS.	IF UNDER	DAY8	IF UNDER 24 HRS. HOURS MIN.	12	TE OF BIRTH Inth, Day, Year) -30-190	4	8. BIRTH	PLACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give street and number)  Meridian Cromwell  RESIDENCE OF DECEMENT  9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore										altin	ore Co.
DIRE		timore Co	unty	10c. CITY	Ba1		nore					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER  3103 ½ Willough						N. ZIP CODE 21234			U	S.A.	HAT COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	MEO NO	11	yes, sp	Decify Cuben, Maxic S 2 NO Spec	an, Puart	GIN? (Specify Yea o Rican, alc.)	or No-	14. RACE Black Specif	- Amarican Indian, White, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 8 Yrs.	UCATION le completed) College (1-4 or 5+	) (G	CEDENT'S INVO kind of w Do NOT use	ork done de retired.)	uring mo	ON ost of working	1	LOC			# 28
BE CO	17. FATHER'S NAME (First, Middle, Lest) Henry	Mueller					18. MOTHER'S N	AME (First	t, Middle, Malden	Surname) LeCoi	npte	
TO	19a. INFORMANT'S NAME (Type/Print) Thelma E. Muell	Ler					and Number or Rural ghby Roa					234
	20a. METHOD OF OISPOSITION NXBurial 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	Time?	20b. PLACE / cemetery, cre Gan	AND DATEO	POISPOSIT OF Place)	пон <i>(Na</i> 'ait	ame of th Cemete	ery8	-3-91	Balto		
15	DE LATTILLE DE FUNERAL SERVICE LE LA SAUTE LE LA SERVICE LE LA SAUTE LE LA SA	Z. hu	yphy		ĴС	hn	C. Mille	er,	Inc.	alti	more	ir Road Md21206
NO	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions.	a. Screens one course	LO DO	ouence of	ha Cark		ien Cule			ratory arr	est,	Approximate interval Batween Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	с	OR AS A CONSEC									
: MEDICAL	Secret Decut	trus VICE	4			eriyin	g ceuse given in	Pert i.	24a, WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 - YES 2 NO	HOSPITAL:			ОТНЕЯ:		ACE OF DEATH (C)					
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. OATE OF II	NJURY	28b. TIME	OF 2	8c. INJ WO	URY AT PRK? YES 2 NO		er (Specify)	JURY OCC	URED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At her tc. (Specify)	me, larm, st	reet, factor	y, office	•	281. LO Cit	CATION (Street as y or Town, State)	nd Number	or Rural Ro	ute Number,
COMPL	(Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	ICIAN: To the best of n	ny knowledge, dei imination and/or i	ath occurred	at the tim	e, data nion, d	and place, and due	lo lhe ci	ause(s) and man	ner as state	d, cause(a)	and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	A Mo					29c. LICENSE NUI				SIGNED (	Month, Day, Year)
	Dr. Manko, 11 E.	Chestnut I	Hill Lar	ne, R	eiste	ers			nd 2113			
	31. DAFFIE (MZIII, Day, 1991	SA REDISTRAN	S SIGNATURE	SE.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

ų,
<b>RECORDS, P.O. BOX 68760,</b>
BOX
P.0.
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 flours after death. Page 6 may be retained by the inhoritance that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT. Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

0	2	1 1	02
9	6	11	02

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENE REG. NO.	9		21102
	1. DECEDENT'S NAME (First, Middle, Lest) BLANCHE B. R.	Bwell				2. DATE OF MONTH	DEATH DAY	4º	AR 3.1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-12-8786	AL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthdey)  F UNDER 1 YEAR  F UNDER 24 HRS.  1								CE (State or Foreign  N. C.
TOR	96. FACILITY NAME (If not Institution, give	etreet end number)	96.	BAK	LOCATION OF DEA	ATH TOWS	00	SAL.	OF DEATH	ORE
DIRECTOR	10a. STATE 10b. COUNT	'n	10c. CITY, TO	OWN OR LOCATIO	ON				1 5	I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3617 Spa	ulding A	re	101.	ZIP CODE	15	10	g. CITIZEN	OF WHAT	S A
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECE If yes, spec 1 YES :	NDENT OF HISPAN bify Cuben, Mexicer NO Specify	n, Puerto Ric	Specify Yee or lan, atc.)	No- 14.	RACE — Black, WI	American Indien, hite, atc.
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)		18e. DECEDENT'S USU (Give kind of work life. Do NOT use re-	done during most		16b, K	IND OF BUSINE	SS/INDUST	RY	jrige
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	um e M			16. MOTHER'S NAM	ME (First, Mid	1			-
TO BE	19a. INFORMANT'S NAME (Type/Print)	Powell	19b. MAILING AD	DRESS (Street and	d Number of Rural R	Toute Number		tete, Zip Coo	<sup>(0)</sup> Z	1215
	20a. METHOD OF DISPOSITION 1	moval from State	PLACE AND DATE OF	DISPOSITION (	Name Foru	8/2/9	20c, LOCAT	ION - City	or Town,	State M4
	21. SIGNATURE OF FUNERAL SERVICE L	Mass		Lance	ADDRESS OF THE	-WI	other	6 1	Sur	
	23. PART i. Entar tha diseeses, or shock, or haert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one couse on e	ach line.	anter the mod	a of dying, such	h ss cerdie	c or respirate	ory screst	•	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):							
AL	PART II. Other significant condition	ons contributing to death b	ut not resulting in t	ha underlying	ceuse given in		4a. WAS AN AUTPERFORME	D?	AM CO OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che					
	1							RY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)								• Number,	
COMPLETED	anal .	SICIAN: To the best of my know							ause(a) an	d menner as stated.
296. SIGNATURE AND BILE OF CENTIFIER 296. LICENSE NUMBER										orith, Day, Year)
5	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DE	333 Y	Paper i	mee es	QF	henry	IN	,	21131
	AUG 2 19	32. REMSTRARIS SIGN	ATURE							

LANE	the hos	detache	once.
BALTIMORE, MARYLAND	HE MUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	THE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MINNT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYS	THE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the integration of the state Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	arked,
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND /				DEAT		MENTA	AL HYGIEI REG. NO		91	21103		
	1. DECEDENT'S NAME (First, Middle, Last)	Ethel		Pov	vell				2. DAT	E OF DEATH	7"	991	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER									7. DATE OF BIRTH & BIRTHRI ACE (Stein or					
	213-64-2727	1 M 2 XF	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	1-2-19	12	Country	West Indies		
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN (	OR LOCATION	ON OF D			_	JNTY OF DI			
AC.	Old Court Nursi	na Home				Ranc	lalls	town	1		1				
5	RESIDENCE OF DECEDENT							00111							
DIRECTOR	10a. STATE Md 10b. COUNT	Y			timo		TION			- 49	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
AL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. Cl	FIZEN OF W	HAT COUNTRY?		
E	4637 Park Heig	hts Avenu	ie				21215					USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	T EVER IN U.S. AR YES 2 X A AR OR DATES	IMEO NO		If yes, sp	ENOENT Cocky Cuba	n, Maxic	en, Puerto	IN? (Specify Ye Rican, etc.)	- American Indian, , white, atc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KINO OF BUSINESS/INOUSTRY														
BE CO	17. FATHER'S NAME (First, Middle, Last) Thomas Powell Maria								FOS	Middle, Maider Cer	Sumame)				
2	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADORES	S (Street a	nd Number	or Rural	Route Nun	nber, City or Tov	vn, State, Zi	p Code)			
F	Reginlad Wallace		8	140	Sco	tts	Leve	1	Pil	Kesulla	,	Md	21208		
	20a. METHOD OF DISPOSITION 1 \( \text{D} \) Burlai 2 \( \text{Cremetion 3} \) Rem 4 \( \text{Donation 5} \( \text{D} \) Other (Specify)	20b. PLACE A cemetery cree WOOD	ob. PLACE AND DATE OF DISPOSITION (Name of employ, or other place) WOOD Tawn Cellietery					7-22-9 Baltimore, Md							
	21. SIGNATURE OF RUNERAL SERVICE LY	THAN				NAME AN	ch F Wat	S OF FA	CILITY			010,	7.0		
	23. PART I. Enter the diseases, or	complications that	caused the de	eth Do	not enter						1		1.		
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Due To (or As A Consequence of):  Due To (or As A Consequence of):  Due To (or As A Consequence of):														
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL (	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.									24e. WAS AN PERFOI 1 YES	RMEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF OE	ATH (Ch	ack only o	ne)					
SK	1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER		5 🗆 Res	eldence	8 Oth	et (Spacify)					
둦┃	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIM	E OF	28c. INJI	JRY AT			SCRIBE HOW	NJURY OC	CURED			
BY	1 Natural 5 Pending	(Month, De	y, rear)	INJ	IURY M	1 Y	RK? ES 2	NO							
ا ۵	2 Accidant									CATION (Street or Town, State)	and Numbe	r or Rural Ro	oute Number,		
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CONTROL EXAMINE	CIAN: To the best of n	my knowledge, dea	nth occurre	ed et the ti	me, data pinion, de	and place,	and dua	to the co	use(a) and ma	nner aa ala	led. na cause(a)	and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1	1.	i			29c, LICE	NSE NUR	IBER		29d. DAT	E SIGNED	Month, Day, Year)		
	Menke	me	n	M	7		1)(	4	53		•	7 3	Nol		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	E OF DEATH (ITEM	27) (Type,	Print)								<i>y</i> ,		
	31. DATE FILED (Month, Day, Year)	22 PEGISTRAB						_							
	AUG 2 1991	Juna Da	vidson-Ada	pulle	i .										

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

4. SOCIAL SECURITY NUMBER 4. SOKIAL SECURITY NUMBER 5. SEX	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.		
11. MARTHA STORUE 11. MARTHA S	1. DECEDENT'S NAME (First, Middle, Last)	:46		2. DATE OF DEATH MONTH DAY	CYEAR	3. TIME OF DEATH
Section   Sect	0.0 211 1010			Manch Day Man		
10. STIPER AND NUMBER    SOLUTION   Solution	St Agnes Hospita	P	Ba 14)			DEATH
TIL MARIAL STATUS    12. WAS DECEMBER? SPEEN IN U.S. ARRED PLANCE OF HERPANC ORGINAL PROPERTY THE OF NO-PROPERTY OF THE PROPERTY OF THE PROPER	My	10c. CITY.	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
Type, specify Codes, Mactern, Pearle Rien, sic.   Black, White, etc.   Security   Black   Security   Security   Black   Security   Black   Security   Black   Security   Security   Black   Security   Black   Security   Black   Security   Black   Security   Black   Security   Security   Security   Black   Security   Black   Security   Black   Security   Security   Black				1	-	
College (Ind. of S.1)   SOLIGIA SECURITY   Solig	1 Never Married 2 Married FORCES?	DENT, EYER IN U.S. ARMED  1 YES 2 NO VE WAR OR DATES	If yes, specify Cuban, Mexic	an, Puarto Rican, atc.)	Blec	ck, White, etc.
16. MOTHER'S NAME (First, Modits, Majors Currents)   16. MOTHER'S NAME (First, Modits, Majors Currents)   16. MOTHER'S NAME (First, Modits, Majors Currents)   17. MOTHER'S NAME (First Modits, Majors Currents)   17. MOTHER'S NAME (First Modits, Majors Currents)   17. MOTHER'S NAME (First Modits)   17. MOTHER'S NAME (First Modits	(Specify only highest grade completed)	(Give kind of wo	rk done during most of working	Social		unity
198. MALINA ADDRESS (Strey and Number or pair and Number of David Process (Strey and Number or pair and Number or pair and Number of Process (Strey and Number or pair and Number or pai	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S N	AME (First, Middle, Maiden Su		ation
30e. METHOD OR DISPOSITION   10 Bound 2   Carmastern 3   Removal from State   20e. PLAGE AND DATE Of ISPOSITION   10 Bound 2   Carmastern 3   Removal from State   20e. PLAGE AND DATE Of ISPOSITION   10 Bound			ath	ea Car	1011	
20. METHOD OF DISPOSITION   20. PLAGE AND DATE OF DISPOSITION   Name of complete, color of co	198 INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Bura.	1	State, Zip Code)	red 2121
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, interval E Consett and MMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS	1 Surial 2 Cremetion 3 Removal from State	20b. PLAGE AND DATE of complays, crematory,	of DISPOSITION (Name Jother place) OH Park		TION — City or T	
23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart felture. List only one cause on each line.  IMMEDIATE CAUSE (Finel)  But TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE (Pisease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  26. WERE AUTOPSY I ARLABLE PRIOR OF DEATH (Check only one)  27. WAS CASE REFERRED TO MEDICAL EXAMINERT (DISPATAL: 10 Injury) Injury (Month, Day, Near)  28. WAS CASE REFERRED TO MEDICAL EXAMINERT (DISPATAL: 10 Injury) Injury (Month, Day, Near)  29. CAST OF INJURY AT WORKY (Month, Day, Near)  29. CONTROLED INJURY AT WORKY (Month, Day, Near)  29. SIGNATURE AND TITLE OF CERTIFIER  29. LICENSE NUMBER  29. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Near)  291. LICENSE NUMBER  292. LICENSE NUMBER  292. LICENSE NUMBER  293. DATE SIGNED (Month, Day, Near)  294. DATE SIGNED (Month, Day, Near)  295. CLICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Month, Day, Near)  298. CLICENSE NUMBER  299. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Near)  299. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Near)  299. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Near)  299. DATE SIGNED (Month, Day, Near)  299. LICENSE		san	22. NAME AND ADDRESS OF F March F/H West		, ,	/
Sequentielly list conditions, if any, leading to immediate causes. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CON	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	TASTATIC PR	DITATIO C	A ·		Onset and De
DUE TO (OR AS A CONSEQUENCE OF):  that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contribution of Or Death III Part Significant condition of Order Signi	Sequentially list conditions, if any, leading to immediate					
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 YES 2 NO  28. DATE OF INJURY  1 Notural 5 Pending  1 Netural 5 Pending  1 Netural 5 Pending  2 Accident Investigation  3 Subcide 6 Could not be determined  28. PLACE OF INJURY AT WORK?  1 YES 2 NO  27. MANNER OF DEATH  28. DATE OF INJURY  29. DATE SIGNED (Month, Day, Year)  29. DATE SIGNED (Month, Day, Year)  29. SIGNATURE AND TITLE OF CERTIFIER  29. SIGNATURE AND TITLE OF CERTIFIER  29. DATE SIGNED (Month, Day, Year)	CAUSE (Disease or Injury that initiated events	E TO (OR AS A CONSEQUENCE OF)	:			
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	PART II. Other significant conditions contributing	g to death but not resulting in	the underlying cause given in	PERFORME	D?	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Neturel 5   Pending Investigation 3   DOA   DOB   Succided to the course of						
Natural   S   Pending   Investigation   S   Pending   Investigation   S   Suicide   S   Could not be   Suicide   S   Could not be   Suicide   S   Certifier	EXAMINER? HOSPITAL		OTHER:			
3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as atated.  29b. SIGNATURE: AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)	1 Natural 5 Pending (Mor		RY WORK?	26d. DEŞCRIBE HOW INJ	URY OCCURED	
(Check only 12 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as atasted.    (Check only 12   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner ee    29b. Signature: AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year	3 Suicide 6 Could not ba 28e. PLA	CE OF INJURY — At home, ferm, st ding, atc. (Specify)	reet, fectory, office	26f. LOCATION (Street end City or Town, State)	Number or Rural	Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  D 19 4 19  7 / 29 19 1	(Check only 1 CERTIFYING PHYSICIAN: To the be					(e) end manner ee state:
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		trackle 1				
THANA H (SRIFFLITTS HAS 900 CATON AVE BALT. MD 2102	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type,		D.	h.	2-19

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BOX
P.O.
RECORDS,
VITAL
OF
DIVISION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Francis Edward Starr FRANCIS E. STARR 08 145 A 01 6. AGE (in yrs. last birthday) A SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 809 60 Md. 111703730 1 M 2 TF 216-28-9296 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e STATE 10h COUNTY 10d. INSIDE CITY Mola Baltimore 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 3027 Elliott Street 21224 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ndary (0-12) Social Security Admin. File (lerk 17. FATHER'S NAME (First, Middle, Last)
Frank Starr 18. MOTHER'S NAME (First, Middle, Maiden Surname, Johanna Fitzgerald BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anna J. Starr Elliott St. Balto., Md. 21224 20b. PLACE OF DISPOSITION (No 20s METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State Maryland Veterans' (emetery Garrison Forest, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. Conkling St. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete shock, or heart fallure. List Dnly one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** Cardiac disease or condition arresereaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Carcinoma CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause, Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TNO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 NO itient 2 - ER/Outpetlant 3 - DOA 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIEB 29c. LICENSE NUMBER Souhari MA 8/1 1) 26594 2

CHURCH HOSPITAL 100 N. BROADWAY AVENUE



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1991

32. REGISTRAR'S SIGNATURE

whia Davidson-Randalle

DR. R. BONHARI M.D.

31. DATE FILED (Month, Day, Year)

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for use as the burial-transit permit. Pages 1, 2, 3 should

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other traumatic event, the

STATE REGISTRAR

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BALTIMORE, MARY	urs after death. Page 6 may be retained	In by the funeral director, page 5 should removal.	edical examiner must be notified
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

1. OECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH MONTH 07 Edgar 06.23 D. Spicer 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, You 6. AGE (In yrs. last birtin 3 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS HOURS 11/2 M 2 - F 218-09-2026 YRS 12 23 Maryland . Southern Mary Parer Hospital 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SOUTHERM MERY LAND DIRECTOR Clinton rince Geor 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION
Upper Marlboro 10d. INSIDE CITY Maryland Prince George's 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 20772 10g. CITIZEN OF WNAT COUNTRY? 10300 Crain Highway U.S.A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yea. specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puarto Rica

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Caucasian WWII COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) (Specify only highest grade co 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 7th N/A Fire Department Fire Fighter 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Eppa Hunter Spicer BE Nellie Dulev 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Garlene Spicer 10300 Crain Highway Upper Marlboro, Md 20772 20a, METHOD OF DISPOSITION
1X Puriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE OF DISPOSITION (Name of camelary, cremetory or other place)

Mary Land State Veterans Zeni 91 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Cheltenham Maryland 21. SIGNATURE OF FUNDAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 20735 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart feilure. List only one cause on each line. Intervei Between **IMMEDIATE CAUSE (Finel** Onsat and Death disease or condition resulting in death) arotu ardiovascular Discar CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente OUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST PART II. Other eignificent conditione contributing to death but not recuiting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DF DEATN? necemera 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 - Inpetiant 2 - ER/Outpatient 3 - OOA 4 Nursing Name 5 Residence 6 Other (Specily) 27. MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED Natural 2 Accident 5 Pending м BY 1 YES 2 NO Investigation 26a. PLACE OF INJURY — At home, term, atreet, tactory, office building, atc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 001923 BE Freldom and JULY 28 5 30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 13600 Armodywine TELGSON M.D. 31. DATE FILED (Month, Day, Year) 32 REGISTANT'S SIGNATURA PANDELL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

91 21106

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ELIZABETH SERRA

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5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lines.	IN THE PLINERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled
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		4. SOCIAL SECURITY NUMBER 187-07-5002		5. SEX 1  M 2 XX	6. AGE (In y	rs. last birthday YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF E (Month, Da 7-22	энтн 11	- (	Country)	ce (State or Foreign Ivania
2, 3 should	OR	364 Gusryan	Stree			Baltimore Cit					Control of the contro				
s 1, 2,	5	RESIDENCE OF DE	10b. COUNT	v		10c C	ITY. TOWN	OR LOCAT	ION					104	I. INSIDE CITY
Page	DIRECTOR	Maryland	IOU. COOK!	· –			altim			-					LIMITS?
armit.	- 1	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZEN		
뚪	FUNERAL	364 Gusryan	Stree	t					21	224			U.S.A		
ul-tran	Š	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U	S. ARMED	13.		ENDENT (	OF HISPAN	IC ORIGIN? (S			RACE - A	American Indien,
the burial-transit permit. Pages	β	1 Naver Married 2  Wildowed 4 Divi		FORCES? IF YES, GIVE									Black, Wh Specify:	White	
use as	9		CEDENT'S EDU		10	Ba. DECEDENT	of work done	during ma	ON ast of working	na	186. KIN	ID OF BUS	INESS/INDUST	RY	
ğ	91	Elamentary/Secondary (		College (1-4 or 8	+)	tife. Do NOT	usa retired.)								
ched	COMPLET	8th				Sea	mstre	SS			_		anufac	ture	r
d be detach	ш	Thomas Ma				16. MOTHER'S NAME (First, Middle, Melden Surname) Susan Suder									
5 should notified	TO B	19a. INFORMANT'S NAME (	Type/Print)			19b, MAILII	NG ADDRES	S (Street a	nd Numbe	r or Rural F	Route Number, (	City or Town	n, State, Zip Coo	io)	
e 5 s	F	Susan Alexa	ndrato	S		540	0 Els	rode	Ave	nue,	Balti	more	, Md.	2121	4
r, page		20a, METHOD OF DISPOSIT	FION on 3 □ Rem	noval from Stata	20b. P	LACE OF DISP	POSITION (N	ame of cer	metery, crei	matory or			CATION — City		
irector, p		4 Donetion 5 Othe	r (Specify)		\ 0	ther piece) RK Law							timore	, Md	•
tuneral di examiner		21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE			33 M	atth	ND ADDRE	Fune:	ral Ho	me			
e fun		ale	10%.	Meat	they	B)							imore.	Md.	21224
has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	23. PART I. Enter the cahock, or I iMMEDIATE CAUSE (filesease or condition resulting in death)  Sequentially list condition, if sny, leading to immicause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	O (OR AS A C	MEDICAL AVEL MEDICAL OF: MEDICAL OF: A CONSEQUENCE OF:					10-11				Approximate Interval Between Onset and Death		
been signed by the attr. t. of Health and Mental shows any injury,	MEDICAL	PART II. Other elgnific	o deeth but	ut not resulting in the underlying ceuse given in					1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 → NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2			
	IAN:	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF	DEATH (Ch	eck only one)				
certificate h the State [ 1, or Item	SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpati	ient 3 🗆 DOA	OTHE		no 8 5/4	asidence	8 Other (S	pecify)			
this with	у РНУ	-	Pending Investigation	28a. DATE O (Month,	Dey, Year)		TIME OF INJURY M	W	JURY AT ORK? YES 2	□ NO	26d, DESCR	IBE HOW I	NJURY OCCUP	EO	
after d	тер ву	2 Accident 3 Suicide 8 4 Homicide	Could not be detarmined		OF INJURY — g, atc. (Specify	- At home, farr	m, atraet, fe	ctory, offic	ca		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,
VERAL DIRECTION 72 hours	COMPLE	one)		SICIAN: To the best IER: On the basis of										euse(a) an	nd menner se stated.
THE FUNEF filed within	BE	While	2018	ilill					DE	711	5		17	130	onth, Day, Year)
(M	9	MICHAE	OF PERSON W	HO COMPLETED CA	NUSE OF OEAT	'H (ITEM 27) (7)	V. Print)	Ro	APU	MY	BK	LT	21	200	
				- T					-						<del></del>

Julia Davidson-Randelle

1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

21107

3. TIME OF GEATH

1:00 P.

YEAR

2. DATE OF DEATH MONTH July 29, 1991

BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun De filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPURIANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 .	FOR STATE REGISTRAR		STATE OF MAR	RYLAND / I	DEPARTM	IENT OF ATE OF	HEALTH AND	MENT	AL HYGIE		1	21108	3
	ECEDENT'S NAME (First, WILMA	Middle, Last)	GAYNELL			SMITH		2. DAT	TE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
19	DCIAL SECURITY NUMBER   15-16-8329   FACILITY NAME (# not ins		1 🗆 M 2 🙀 F	GE (In yrs. last	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF	7. DAT (Mo	TE OF BIRTH onth, Day, Year) 17-192	3 F	Country	PLACE (State or Foreig Sylvania	n
S RE	HOCK TRAIM	TIATT	VERSITY HO	SPITAL			ORE CIT			9c. COUNT		ATH	
16-	Maryland Harford Havre de Grace									10d. INSIDE CITY LIMITS?  1 XYES 2 NO	,		
50	100. STREET AND NUMBER 505 Congress Avenue 100. ZIP CODE 21078 U.S.A.								HAT COUNTRY?				
3 🗆	ARITAL STATUS  Never Married 2 1 1  Widowed 4 2 Divor	ED)	If yes, s	CENDENT OF HISP. Decity Cuban, Mexic 3 2 NO Spec	cen, Puerti	BIN? (Specify You o Rican, atc.)		Black,	RACE — American Indian, Black, White, etc.  Specify:				
17. FA	15. DECE (Specify only lementary/Secondary (0-	DENT'S EDUC highest grade of	ATION completed)  College (1-4 or 5+) Years	(Give	EDENT'S USU Se kind of work DO NOT use rec	AL OCCUPATE done during m ired.)	ON ost of working		6b. KIND OF BI				
17. FA Hai	ATHER'S NAME (First, Mic Try Weber	idle, Last)	<u></u>	Nutse	SAL	a	18. MOTHER'S N	NAME (First	, Middle, Maide		cal	Hospital	
Edna Curran  196. INFORMANT'S NAME (Type/Print) Patrick J. Smith (Son)  197. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7. Aldeburgh Court, Baltimore, Maryland 21237													
209. METHOD OF DISPOSITION 14 Burlai 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Competent, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Competent, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Competent, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Competent, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Competent, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Competent, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Competent, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATIO													
21. 54	· Kach	leen .	In hu	poly	_	John C	Miller elair Ro	ACILITY	nc			land 2120	06
IMMI dise- resul Sequ If sn	EDIATE CAUSE (Final ase or condition iiting in dasth)  uentisity list condition, lasding to immediate	ens, fata	MULTIPL DUE TO (OR /	n aacn mg	RIE 5 PENCE OF):	intar tha mo	da of dying, su	ich as ca	rdlec or resp	oiratory errea	nt,	Approximate Interval Betw Onset and Da	
CAUS that	ie. Entar UNDERLYIN SE (Disease or Injury Initieted eventa Iting In death) LAST	c	DUE TO (OR A	AS A CONSEQU	ENCE OF):								
PART	T II. Othar algnifican	t conditiona	contributing to deat	h but not ras	nulting In th	e underlyin	g cause given in	n Part I.	24a. WAS AMPERFO	RMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?	
E)	AS CASE REFERRED TO		HOSPITAL:		ОТ	26. PI	ACE OF DEATH (C	heck only o	one)		<u></u>		
	NNER OF DEATH		26a. DATE OF INJUI	RY	26b. TIME OF	28c. INJ	e 5 🗆 Residence URY AT	7	er (Specify)	INJURY OCCU	BEN .		_
1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 2 October 1 October 1 Netural 2 Netur								ci					
29a. C	Homicide de	tarmined	building, etc. (S	Specify)	TREET			RTE	or lown, State,	L COU	YTY	romour,	
	Check only 2 MEDIC	AL EXAMINER:	AN: To the best of my kr On the basis of axaming	nowledge, death	occurred at eatigation, in	the time, deta my opinion, d	and place, and du eath occured at the	e to the ca e tima, det	nuse(a) and ma a and pieca, ar	nner as stated. nd dua to the c	:ause(a) (	and manner es stated	ı,
29b. SI	IGNATURE AND TITLE O	F CERTIFIER					29c. LICENSE NU					Aonth, Day, Year)	
N	anald &	Wrigh					O.C.M.E.			▶07/3			
Don	ME AND ADDRESS OF F WINLD G, WRI TE FILED (Month, Day, Ye	GHT. M	D DOME	111 PE	NN STI	REET, B	ALTIMORE	E,MAR	RYLAND				
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECIDA: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	urs after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	m 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSIC	THE FUNERAL DIRECTOR: After this cer	be filed within 72 hours after death with th	IMPORTANT: If Item 28 Is marked, o

91 21109 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATN 1. DECEDENT'S NAME (First, Middle, Last) July GF49 2:50 SCHARINGER PW Marie 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) MONTHS DAYS MIN 08-21-1899 212-16-6575 HOURS 1 M 2 X F 99 Germany 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Belair Convalesarium Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 10a. STATE Maryland Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6618 Fairdale Avenue 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced White ED 15. OECEDENT'S EDUCATION (Specify only highest grade complet 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Flementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Clerical Worker U.S. Government 17, FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Karl Scharinger Ida Kowalski BE 19e. INFORMANT'S NAME (Type/Print) 19h, MAILING ADDRESS (Street and Number or Burel Boute Number City or Town, State, Zin Code 2 Ms. Ellen Stoffer 349 N. Calvert Street, Baltimore, Maryland 21202 20s. METHOD OF DISPOSITION
2 Buriel 2 Cremetion 3 Re
4 Donation 8 Other (Specify) 20c. LOCATION — City or Town, State 20b, PLACE AND DATE OF DISPOSITION (Name DATE Oak Lawn Cehetery Baltimore, Maryland 8/3 21. SIGNATURE OF FUNERAL SERVICE LICENSEE John C. Miller, Inc. rallen 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that caused the deet. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Interval Betw Onset and Death IMMEDIATE CAUSE (Final disesse or condition \_\_\_\_ Urosepsis DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Degenetive Joint Desease, Demintia, 1 YES 2 NO Right Side Cerebrovascular accident 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO patient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Reeldence 8 🗆 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 8 Could not be 4 Homicide 29e. CERTIFIER XM CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

NO sulv O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 36. NAME AND ADDRESS OF PERSON

> 9000 Franklin Square Drive 21237 MD

Jude 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Mor 1991 AllG

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention of the complex of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STA			STATE OF MA	CE	RTIF	ICATE				MENTAL	REG. NO		91	21110
1. DECEC	DENT'S NAME (First,	Middle, Last)	Louise A	. Scher	rer					2. DATE MONTH			YEAR 1991	3. TIME OF DEATH
	-22-1609	ER	5. SEX 6. AGE (In yrs. last			IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF BIRTH 11-05-1927		7	6. BIRTHPLACE (State or Foreign Maryland	
Con	uty name (# not ins d Samari							e Ci		EATH			UNTY OF D	
RESID 10a. STATE	ENCE OF DEC	EDENT			I									
Mar	yland	N/A				v, rown o Ltimo								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STR	EET AND NUMBER	IV/A			Da	СШЮ		. ZIP CODI	F			10a. CI	TIZEN OF 1	WHAT COUNTRY?
560	2 Plainf	ield A	venue					206					S.A.	
1   New	TAL STATUS ver Married 2 🔥 dowed 4 🗌 Divor	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES			10				ANIC ORIGIN? (Specify Year or No- 14. can, Puerto Rican, atc.)				E — American Indian, k, While, atc. //y: Lte	
Elema 12tl	15. DECE	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N of working		18b.	KIND OF BU	SINESS/IN	NOUSTRY	-
12t	(Specify only highest grade com Elementary/Secondary (0-12) C 12th Grade			(Give kind of work done during most of working life. Do NOT use retired.)  Home Maker				Home						
17. FATHE	17. FATHER'S NAME (First, Middle, Last) Charles Culver									ME (First, A	Aiddle, Maiden	Surname)		
	19a. Informant's NAME (Type/Print) Vernon M. Scherer (Husband)					19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z 5602 Plainfield Avenue, Baltimore, I						Mary]	and 21206	
20a. MET 1 🗆 Bur 4 🗆 Dor	20a. METHOD OF DISPOSITION 20b. PLA					e of DISP				8/1			- City or To	own, State Maryland
	ATURE OF FUNERAL			she			-		ss of FA					ryland 2120
Sequer if eny, cause. CAUSE that ini	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST  LUSPECTED MARION DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  MALNUT RITIO						9 T/1	n						MONTH YEARS MOS
PART	il. Other algoritice  HROWIC  PRES  HUPER K	RE	ne contributing to de NAL FAIN GANG	eath but not r	resulting	in the u	nderiyin	g cause	given in	Part I.	244 WAS AN PERFO	RMED?	Y 24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS EXA	CASE REFERRED TO	O MEDICAL	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:		7.7	6 🗆 Othe				
_ M	75 C 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Pending Investigation	28a. DATE OF IN (Month, Day,		26b. Til		26c. IN.	IURY AT	] NO	_	CRIBE HOW	INJURY O	CCURED	
	Suicide 6	Could not be detarmined	28s. PLACE OF building, et	INJURY — At he ic. (Specify)	ome, ferm,	streel, fac	tory, offic				ATION (Street or Town, State		per or Rural	Route Number,
29a. CEF	ock only		ICIAN: To the best of m											(a) and manner as staled.
296. SIG	John Fla	agens	> atte	nding			-	D16	534	MBER		29d. D.	T/25	(Month, Day, Year)
30. NAM John	F. Roge	reason wi	D., 5601	Loch R	aven	e, Print) Bou	Leva	rd, I	Balt	imore	e, Mar	ylan	d 21	239
31. DATE	FILED (Month, Day,	191 191	Julia Davidson	-	L									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
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		FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	TIN	004			2. DATE OF OEATH DATE OF OEATH		3. TIME OF GEATH  9:36 A- M		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)		
3 should		216-16-2548A  9a. FACILITY NAME (If not institution, give st	01	YRS.	9b. CITY, TOWN	OR LOCATION OF DE	10 14	10 Sa	lunda, S.C.		
2, 3 sh	OR	Liberty Medic	al Center		Balti	more					
iges 1,	DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY  VLIMITS?									
permit. Pages 1,		Maryland 100. STREET AND NUMBER		Ba1	timore	City		Lan OFFITCH OF	1 YES 2 NO		
ist .	FUNERAL	615 George St	reet		10	21217			SA		
ng physician. he burlal-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIYE WAR OR DATES	ARMED ARMO	If yes, sp	CENDENT OF HISPAN pecify Cuben, Mexical 3 2 NO Specify	Bi	14. RACE — American Indien, Black, White, etc.  Specify: Black			
nours after death. Page 6 may be retained by the hospital or attending physician ed in by the funeral director, page 5 should be detached for use as the burial-trai or removal.  medical examiner must be notified at once.	ETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  15b. KINO OF BUSINESS/INDUSTRY									
d by the hospital of the detached for d at once.	TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Frank Corley			ME (First, Middle, Malden  ie Norri  Route Number, City or Tow	•					
5 should notified		19a. INFORMANT'S NAME (Type/Print)		19b. MAILING 2240	AOORESS (Street	and Number or Rural F	Route Number, City or Tow Washingt	on, State, Zip Code)	20002		
r, page		Corrine Stato  20e. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Remo	20b. Pt. A		OF OISPOSITION	······		CATION — City or			
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ter death. Pag the funeral di yeal.		Leroy O. Dyett & Son Funeral Home 4600 Liberty Heights Avenue 21207									
24 in in i		23. PART I. Enter the diségées, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. DUE TO (OR AS A CON	and (	a( I	vearti		iratory arrest,	Approximata interval Between Onset and Death		
the death certificate be executed within the attending physician and completely d Merital Hyglene prior to burial, cremat injury, or other traumatic event, in the contraction of the contraction of th	ERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CON  DUE TO (OR AS A CON	rdiac	- 955	est					
tending al Hygie	ERT	reculting in death) LAST	. udnt	tachy cardia							
by the and Me in inju	MEDICAL C	PART II. Other algnificent condition	a contributing to death but no	ot reaulting i	n the underlyln	ng ceuse given in	Part I. 24a. WAS AN PERFOI 1 TYES 2	RMED?	A.A. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
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SICIAN: The certificate h the State I d, or Item	PHYSICIAN	EXAMINER?	HOSPITAL:	a 3 DOA	OTHER:	TLACE OF DEATH (Ch					
DING PHYSICI After this cert death with the	ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	URY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUREO			
OR ATTENDING DIRECTOR; After hours after death tem 28 is ma	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	I home, farm, a	freet, factory, offi	ce	26f. LOCATION (Street City or Town, State)	end Number or Run )	el Route Number,		
E AZ =	COMPLI	onel —	CIAN: To the best of my knowledge R: On the beste of examination end						e(e) end manner es stated.		
TO THE HOSPI TO THE FUNER IS fied within	O BE (	29b. SIGNATURE AND TITLE OF CERTIFIES	dal m	- 1		29c. LICENSE NUI	MBER		ED (Month, Day, Year)		
(M)		Terana &.	O COMPLETED PAUSE OF DEATH	chile	Print	Medica	d Cet	er; Bal	Stree, M.		
V		AUG 2 1991	32 REGISTRAR'S SIGNATUR Guna Dawisson - Kin	relate.		75					

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BALTIMOR	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 mis	FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burist, exemation, or removal.
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1 - FOR STATE REGISTRAR 91 21112 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 Maiddie Thomas 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign 219-68-2140 DAYS 2-20-1929 1 - M 2 XF 62 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1112 W. Fayette FUNERAL DIRECTOR Street Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1112 W. Fayette Street 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced BY Specify: **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 5 th once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Msiden Surname) James Cooper notified at Rosie Cooper BE TRA. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorothy Dubose 1112 W. Fayette Street Baltimore, Md 21223 pe 20ay METHOD OF DISPOSITION

1 D Burlal 2 Cremation 3 1 19
4 D Donation 5 1 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must cemetery cremetory or pitter place) 8391 Catonsville, Md 21. SIGNATURE OF FUNDMAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue medical 23. PART I. Eriser the dises ses, of complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximete shock or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final the **Onset and Death** disease or condition resulting in death) my oca-dial In farction

Due to (OR AS A CONSCOUENCE OF): traumatic event, Coronary Artery Dispase
Due to (or as a consequence of): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING 15 yrar CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST shows any injury, or PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Hypertension AVAILABLE PRIOR TO nenal insulficience COMPLETION OF CAUSE 1 TES 2 1 YES 2 NO PHYSICIAN: Nem 23 1 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Dipetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 8 27. MANNER OF DEATH 26b. TIME OF INJURY 26a. DATE OF INJURY marked, 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 100 A M 1 YES 2 NO BY 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is a 3 Suicide 6 Could not be determined COMPLETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Home 1112 W. Pratt Bult mo 21201 tem 29a. CERTIFIER (Check only one)

29a. MEDICAL SYMMET. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. = MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 296. STONATURE AND TITLE OF CERTIFIED H 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Avenue East 50-44 Real Finore 2/224 31. DATE FILED (Month, Day, Year) 30 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, MOCDITAL OD ATTENDIALO

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Deot, of Health and Mental Hydrene prior to burial cremation, or removal	
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	RAL DI	MPORTANT: If Item 28 is marked, or Item 23 shows any injury or other trainmatic event, the medical available when the medical available when the medical available when the medical available and the medical available when the medical available and the process of
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91 21113 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY **ELNORA** 3. TIME OF DEATH YEAR (ELEANORA) TAYLOR 07-28-91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 74 VRS 3-8 -1917 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR INN CONV. BALTIMORE, RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 100 CITIZEN OF WHAT COUNTRY 1213 Light Street 21230 SA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 3 🕅 Widowed 4 🗌 Divorced Specify: B1ack 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 5th 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Sava Jones Lucy Harvey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Martha Floyd 530 N. Loudon Avenue Baltimore, Md 21229 20e METNOD OF DISPOSITION
1 \( \tilde{\Delta} \) Buriel 2 \( \tilde{\Delta} \) Cremation 3 \( \tilde{\Delta} \) Removal from State
4 \( \tilde{\Delta} \) Donation 5 \( \tilde{\Delta} \) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE cometery, compatory or other place) in Park 8291 Randallstown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F.H. 4300 WABASH 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Batwean **IMMEDIATE CAUSE (Final** whi Onset and Daath disease or condition Ru 0 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not reauting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS nsive andloVuscular AVAILABLE PRIOR TO COMPLETION OF CAUSE ) eseas YES 2 NO OF DEATHS 1 - YES 2 - NO Va 0 and 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TES A NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Nome 5 - Residence 8 - Other (Specify) 27. MANNEY OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO 2 Accident Investigat 3 Suicide 28s. PLACE OF INJURY --- At home, ferm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, 8 Could not be

AMAILABLE  SPAN  AMAILABLE  COMPLET  OF DEATH  1 YES  AMAILABLE  COMPLET  OF DEATH  1 YES	
25. WAS CASE REFERRED TO MEDICAL	JUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE THY ES 2 \( \sum \) NO
EXAMINER?  HOSPITAL:  OTHER  O	
TO THER:  1   Inpatient 2   ER/Outpatient 3   DOA   OTHER: 4   Nursing Name 5   Residence 8   Other (Specify)	
IT. MANNEY OF DEATH  1 Natural 5 Pending (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1   YES 2   NO	
28e PLACE OF IN HIDY. As home from the first transfer of the control of the contr	nber,
B Could not be determined building, atc. (Specify)  29e. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the beat of the samination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.	inner sa stated.
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, DI	Day, Year)
FREDRIC P. SIRKS M.D. 7151 HOLDBIRD AVE, BALTOMD.	21222
31. DATE FILED (Month, Day, Wor)  AUG 2 1981 Julia Davidson Pandelle	

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	OTATE OF MATTE	CERTIFIC	ATE OF D	EATH	MENTAL HYGIEN	(1)	1 21114	
1. DECEOENT'S NAME (First, Middle, L	John J. Talk	oott			2. DATE OF DEATH DON'TH 30,	<b>1</b> 991	EAR 3. TIME OF DEATH M	
4. SOCIAL SECURITY NUMBER 217-03-9701	5. SEX 6. AGE (			F UNDER 24 HRS, OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 25,1		BIRTHPLACE (State or Foreign Country) aryland	
9a. FACILITY NAME (If not institution, g		96	L CITY, TOWN OR L			9c. COUNTY OF DEATH		
5220 York Roa	T		Baltim					
5220 York Roa RESIDENCE OF DECEDENT 10a. STATE 10b. CO Maryland	UNTY		Baltimore			10d.		
100. STREET AND NUMBER 5220 York Rd., 11. MARITAL STATUS	Apt. 10F	10t. ZIP CODE 21 21 21 2				U.S.	N OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	1 Naver Married 2 Married FORCES? 1 YES 2 X				IIC ORIGIN? (Specify Ye n, Puarto Rican, etc.)	A • . RACE — American Indian, Black, White, atc. Specify: hite		
15. DECEDENT'S Specify only highest of Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Lost, TT).	EDUCATION practe compilehol) College (1-4 or 5 +)	18a. DECEOENT'S USL (Give kind of work life. Do NOT use red Salesman	Ba. DECEGENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			SINESS/INDUS	TRY	
O 17. FATHER'S NAME (First, Middle, Last	,	Datesman	18	American Brewery				
Inomas J. Talbo	tt			Bridget	, ,			
2 Larry Talbott					loute Number, City or Tow		ode)	
20a. METHOD OF DISPOSITION 100 Burlat 2 Quamation 3 0 1	200	. PLACE AND DATE OF D			um, Md. 2	-	or Town, Stata	
4 Donatight 5 D Other (Specify)	/ Ne	netery. cramatory or other in W Cathedra	il Cemet		/2/91 Ba			
21. SIGNATURE OF FUNERAL SERVICE	LIGENSEE		22. NAME AND A	ODRESS OF FAC	CILITY		1 - 2	
23. PART I. Enter the diseases, shock or heart falls	leader She		Ruck To	wson Fu	meral Home	e, Inc	Towson, Md. 212	
disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	CONSEQUENCE OF):  CONSEQUENCE OF):	stic a	Kem	r Dese	err	Onset and Death acut	
that initiated eventa resulting in deeth) LAST	d							
PART II. Other eignificant condi	ditions contributing to deeth be	·	he underlying ce	use given in l	Pert I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PART II. Other eignificant condi	ditions contributing to deeth be	ut not resulting in th	26. PLACE	euse given in i	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other eignificant condi	d	ut not resulting in the	28. PLACE FHER: □ Nursing Home 5	OF OEATH (Cho	PERFOR  1   YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other eignificant conditions  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death  1 Netural 5 Pending	d	ut not resulting in the	28. PLACE THER: Nursing Home 5 F 28c. INJURY VORK?	OF OEATH (Cho	PERFOR  1   YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PART II. Other eignificant conditions of the con	d	ut not resulting in the	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? M 1 YES	OF OEATH (Cho	PERFOR  1 YES 2  ck only one)  B Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PART II. Other eignificant conditions of the con	d	etlant 3 DOA 4 DOA 28b. TIME OF INJURY  At home, term, street	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? I YES	OF OEATH (Cho	PERFOR  1 YES 2  1 YES 2  Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)	NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PART II. Other eignificant conditions of the condition of	d	etlant 3 DOA 4 DOA 28b. TIME OF INJURY  At home, term, street	28. PLACE  FHER: Nursing Home 5  F 28c. INJURY WORK?  M 1 YES  R, factory, office	OF OEATH (Cho	PERFOR    YES 2	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,  Buse(a) and manner as stated.  GNED (Month, Day, Year)	
PART II. Other eignificant conditions of the condition of	d	tetlant 3 DOA 4 DOT A LEGAL TIME OF INJURY  At home, tarm, street ledge, death occurred at a and/or investigation, in	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? I YES R, factory, office	OF OEATH (Cho	PERFOR    YES 2	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,	
PART II. Other eignificant conditions of the condition of	d	tetlant 3 DOA 4 DOT A LEGAL TIME OF INJURY  At home, tarm, street ledge, death occurred at a and/or investigation, in	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? M 1 YES At, factory, office	OF OEATH (Che Residence   AT   2   NO   place, and due   occured at the te.	PERFOR  1 YES 2  1 YES 2  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(s) and manime, data and placa, an	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,  Buse(a) and manner as stated.  GNED (Month, Day, Year)	

		it. Pages 1, 2, 3 should		
0100 01111 01101 11111 11111	death, Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit, P.	xaminer must be notified at once.	
	ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death, Page 6 may be retained by the hospital or attending physician.	KECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ns after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	THE HOSPITAL	THE FUNERAL	PORTANT II	

91 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

9	1. OECEDENT'S NAME (First									2. DATE	OF DEATH			3. TIME OF DEATN
3	CHARLIE	VEAL	_E							MONTH	-30-9	AY 0.1	YEAR	M M
	4. SOCIAL SECURITY HUMB		5. SEX	6. AGE (In yrs. is	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		6. BIRTN	PLACE (State or Foreign
	246-05-17		1 🖄 M 2 🗆 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 12-25-08		Country	"C .	
OR		eet	Sh. CITY, TOWN OR LOCATION BALTIMORE,			ON OF DE	DEATH As COUNTY O							
ᇤ	RESIDENCE OF DEC	10b, COUNT	ν		40- 007									
L DIRECTOR	M D  100. STREET AND NUMBER				BALTIMORE						10d. IHSIDE CITY LIMITS? 1 X YES 2 NO			
VERA	1620 MON		101	21218				10g. CITIZEN OF WHAT COUNTRY?						
BY FUNERAL	11. MARITAL STATUS 1 Hever Merried 2 3 Divo	NT EVER IH U.S. AI I YES 2 AMAR OR DATES	NO If yee, specify/Cuben, Mexican,			en, Puerto Rican, etc.) Black, 1			- American Indian, White, etc.					
H	15. DEC (Specify only	EDEHT'S EDU y highest grade	CATIOH completed)	16a, Di	ECEDENT'S Sive kind of	USUAL O	CCUPATIO	ON ast of world	10	16b.	KIND OF BU	SINESS/INI	DUSTRY	
MPLE	Elementary/Secondary (0		College (1-4 or 5		n. Do NOT us	se retired.)	adding the	or worki	9	1	ВЕТН.	STE	EL	
BE COMPLETED	17. FATHER'S HAME (First, M GRANT V	EALE								ME (First, M	iddle, Maiden	Sumame)		
0	19e. INFORMANT'S NAME (7)		-	19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	loute Numb	er, City or Tow	n, State, Zij	o Code)	
	CHARLIE		t.		620	MON	TPE	LIER	ST	REET	/BAL	TIMO	DRE.	MD 21218
	1 N Buriel 2 Cremetto 4 Donation S Other	n 3 🗆 Rem	oval from State	206. PLACE Cemetery, cre VEAL	AHDDATEC	DE DISPOS	ITIOH /A/o	ma al		DATE	20c. LO	CATION —	City or Tov	rn, Stata
	21. SIGNATURE OF FUNERAL	L SERVICE LIC				22, 1	NAME AN	ID ADDRES	S OF FAC	HLITY				N.C.
	· dy	nett	UK.	Jon	60	WI	M.C	. MAR	СН	F.H.	/110	1 E.	NOF	RTH AVE.
			complications the			ot antar	the mo	de of dyl	ng, such	ea cardi	ec or reapi	ratory arr	rest,	Approximate
1	IMMEDIATE CAUSE (Fin	nel												Interval Batwean Onset and Death
	resulting in death)  a. prostate Currer  Due to (or as a consequence of):									10 years				
,	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate Due TO (OR AS A COHSEQUENCE OF):													
S	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG	C											
	that initiated aventa resulting in death) LAS1	7	DUE TO	(OR AS A CONSE	OUENCE OF	7:								
Ü			1											
	PART II. Other significan	nt condition	a contributing to	daath but not i	reaulting i	n the un	derlying	cause g	ivan in i	Part I.	24s. WAS AN PERFOR	AUTOPSY		WERE AUTOPSY FINDINGS
MEDICAL	Denenta								_	1 TES 2	. 4		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	money									_			1	1 □ YES ZNO NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL												
SICI	EXAMINER?	, medicale	HOSPITAL:	ED/Outration 0		OTHER	:			ck only one,				
¥	27. MAHHER OF DEATH		28a. DATE OF	INJURY	28b. TIMI		ing Home 28c. INJU		idence (	28d DESC	(Specify)	HILBY OCC	TUREN	
BY F		Pending Investigation	(Month, D	ay. Year)	INJ	JRY M	WOI	RK? 'ES 2 [	NO	_			JOILED	
	3 Suicide 6 0	Could not be	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, tarm, s	treet, facto	ory, office			281. LOCAT	ION (Street a Town, State)	nd Number	or Rural Ro	ute Number,
E	200 CERTIFIED									-				
COMPLETED	29e. CERTIFIER CERTI	IFYIHG PHYSIC	CIAN: To the best of	my knowledge, de cemination and/or i	ath occurre	d at the tir	me, data	end place,	end dua t	o the caus	e(e) and men	ner ee stat	ed.	end menner ee stated.
	29b. SIGNATURE AND TITLE							29c. LICE						Month, Day, Year)
BE .	mo	2	ms						337			<b>▶</b> 8	1119	Moran, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)							1166	
-	1000 LAST	SHAGE		ROF	RX	TI	0 1	nus	20	2002				
	31. DATE FILED (Month, Day, )		32 REGISTRA	R'S SIGNATURE	de Ma	ELSIA I								
	AUG 2	1991	Junt 19	S. Latton and A.										

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE HOSPITAL OR ATTENDING PHYS THE RINERAL DIRECTOR: After this call of the vith right of the death with

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DE CER	PAR TIFI	CATE O	HEALTH F DEAT	AND ME	NTAL HYGIEN REG. NO		21116
	1. DECEDENT'S NAME (First, Middle,	= 1		10	Place	201	2	DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 – 56 – 0666	5. SEX 8.	AGE (In yrs. last birti		W UNDER 1	# UNDER	24 HHS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign intry)
Œ	99. FACILITY NAME (If not institution, give s UNIVERSITY OF		TAI		9b. CITY, TOW				9c. COUNTY OF	DEATH
5	RESIDENCE OF DECEDENT	IAL	_	DALI	IMOR	E, CI	1 Y			
DIRECTOR	10e. STATE 10b. COUNTY	1			TIMOR		D			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 904 COPPIN COU	D T				10f. ZIP CODE				WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EX	VER IN U.S. ARMEO	_	13 WBS 0	2122		ORIGIN? (Specify Yes	U.S.	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [	YES 2 NO		It yes,	specify Cubs ES 2 7 NO	n, Maxican, P	usrto Rican, atc.)	Ble	CE — American Indian, nick, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18s. DECEDE	ENT'S U	ISUAL OCCUPA	TION	2	166. KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do h	VOT use	EMPLO			NURSI	NG ASS	ISTANT
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAME	First, Middle, Maiden		
RE	MARB Q. HARVE	Υ					JLA			
2	196. INFORMANT'S NAME (Type/Print) DAVID A	WRAGG	904	LING A	OPPIN	CT./	or Rural Route BALT	Number, City or Town	MD 212	25
	2qs. METHOD OF DISPOSITION  1   Burlet 2   Cremation 3   Remote 4   Donation 5   Other (Specify)	oval from State	20b. PLACE AND D	ATEO	DISPOSITION	Name of			CATION CITY OF	Town Cast
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	<u> </u>	30	22. NAME	AND AOORES	S OF FACILIT	CEMIOWI	NGS MI	LLS, MD
	Timette	K. 5	Jones		WM.C	. MARC	H F.	н./1101	E. NO	RTH AVE.
	23. PART I. Enter the dieeeses, or o shock, or heart feliure.	omplications that co	used the deeth. On each line.	Do no	t enter the n	ode of dyli	ng, such as	cerdiec or reepli	etory arrest,	Approximate
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)		HF							interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR	AS A CONSEQUEN	CE OF:	b Chis				il Veget	X6100>
. MCDICAL	PART II. Other eignificent conditions  VDA  Hepot		th but not result					i. 24a. WAS AN A PERFORI 1  YES 2	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	PLACE OF DE	ATH (Check o	nly one)		
THI SICIAN	1 TYES 2 THO  27. MANNER OF DEATH	1 St Inpatient 2 ER		DA 4	☐ Nursing Ho		7.00			
	1 Netural 5 Pending	(Month) Day, Ye	ear) A i	INJU	W Y	URY AT ORK? YES 2 2	. 1	DESCRIBE HOW IN	JURY OCCURED	Dia Hum
	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF IN. building, etc.	JURY — At home, to				17	LOCATION (Street or City or Town, State)	d Number or Rural	Route Number,
	296. CERTIFIER (Check only one)	CIAN: To the best of my i	tnowledge, death oc	curred	at the time, da	in end place,	and dus to th	e csuse(s) and mann	er as ataled.	
3		On the beels of examir	nation and/or investi	getion,	In my opinion,	death occure	d at the time,	dets and place, and	dus to the cause	s) and manner as stated.
	29b. SIGNATURE AND TITKE OF CERTIFIER	10	-	\		29c. LICEN	ISE NUMBER		29d. DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	1 [ 1/]	T DEATH (ITEM 27) (	Type A	ine) Much	cin 1	On Ki	halid A	bousu	James
	31. DATE FILEO (Month, Day, Year) AUG 2 1991	32 AERISTRANTS	ENATUR Pande	SC.					/	Baltims

TO BE COMPLETED BY FUNERAL DIRECTOR

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2	ate	M. M.
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	tha	P 4
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DIVISION OF VITAL RECORDS, F.O. BOX	¥	this certificate has been with the State Dept. or
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	LINERAL DIRECTOR: After this certificate has been signed by the attending physicial and Nertal Hygiene prior

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—curs after death. Page 6 may be retained by the hospital or attending physician.	LI DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used as the burial-transit permit. Prages 1, 2, 3 should be detached for use as the burial-transit permit. Prages 1, 2, 3 should be used as the burial burial burial burial burial companies.	ther traumatic event, the medical examiner must be notified at once.
IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further plant and completely filled in by the further plant and with the State peri; of Health and Mental Hydiene prior to burial, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

	FOR	PTATE OF	AADVI AND /	DEDAG	T	. 05 11	CALTIL	AND I	<b>AFNITA</b> I	LIVOR		_				. 2
	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND /				DEAT		AEN IAI	REG. N		9		2		17
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		שבתו	•	2. DATE	OF DEATH		_	_	3. TU	E OF DE	ATH
	Archie Watts								Jul-	4	30	10	991		;40	рм
į	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest	t hirthriau)	IF UNDER	1 VEAR	IF UNDER	24 HBS		OF BIRTH		1		_	(State or	
	215-22-0991	1 M 2 F	W-68	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	h, Day, Year,			Coun	try)		rorangii
ı			65	The.						_25-1					Md	
~	9a. FACILITY NAME (If not institution, give s					11.	R LOCATIO		ATH		9	c. COUI	NTY OF I	DEATH		
DIRECTOR	Maryland General	Hospita	<u> </u>		Ba	ltim	ore (	City					_			
<u></u> [	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	γ		10c CIT	Y, TOWN (	OR LOCAT	ION							10d	NSIDE CI	TV
<u>E</u>	Md				altim										IMITS?	
	10e. STREET AND NUMBER	<del></del>			altill		ZIP CODE				La	0- 000	7511.05	140	OUNTRY	
¥.	5906 Franklin Av	0.0110				101.	212					ug. Citi	US	A	OUNTRY	,
圓					_											
BY FUNERAL	11_MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		IT EVER IN U.S. ARI I AYES 2 NAME OR DATES	MED IO		If yes, spe	ENOENT O city Cuba 2 NO	F HISPAN n, Maxica Specify	n, Puerto 1	l? (Specify Rican, atc.)	Yea or	No-	14. RAC Blac Spec	ck, Whit	Blac	
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEOENT'S	USUAL O	CCUPATIO	N st of workin	_	16b	KIND OF	BUSIN	ESS/IND	USTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	. Ma	Do NOT u	se retired.)	during mo	st or workin	9								
BE CON	17. FATHER'S NAME (First, Middle, Last)		•				18. MOTH	IER'S NA	ME (First, I	Middle, Mak	den Sur	rname)				•
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Numi	ber, City or	Town, S	State, Zip	Code)			
임	Denise Salisbury															
	20 METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (N	eme of cen	netery, crem	natory or		20c.	LOCA	TION —	City or 1	ľown, S	ate	
	1 🛱 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	Garri	son F	onest.	Vete	ran (	Cemet	erv	- 1	)win	nas N	1i 11s	Mr		
1	21. SIGNATURE OF FUNERAL SERVICE LI	ÇENSEE	-				O AOORES				377 11	195 1		, , ,		
	· Kala	Mar	ch			Mar 430	ch F/I 0 Wal	H Wes bash	t Avenu	e						
	23. PART I. Enter the diseases, or ahock, or heart fellure.				not anta	tha mo	da of dyl	ng, suc	h aa card	diac or re	apirat	ory sn	rest,		Approx	
	IMMEDIATE CAUSE (Final	117 mm												ĺ		Batween and Death
ı	disease or condition	Aspira	tion pne	pneumonia												
	resulting in death)	DUE TO	O (OR AS A CONSE	AS A CONSEQUENCE OF):									-+			
-	_	Massiv	e cerebr	ovas	cula	r ac	ci der	n tr								
₫	Sequentially list conditions, if any, leading to immediate		OR AS A CONSE											+		
¥	cause. Entar UNDERLYING													ļ		
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	DUENCE (	NF):											
E	resulting in death) LAST													ļ		
핑		d														
7	PART II. Other significant condition	ns contributing to	death but not r	resulting	in tha u	ndariyin	g causa i	given in	Part I.	24a, WAS	AN AU		24		AUTOPS	Y FINDINGS
5	Hypertension	sei	zure disc	orde	r					1 TYE				COM	PLETION C	
											-	X	- 1		EATH? YES 2 [	□ NO
2														٠٠	160 2	
A	25. WAS CASE REFERRED TO MEDICAL					20 0	ACE OF D	EATH COL								
ᅙ	EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (UII	eck only of	ne)						
PHYSICIAN: MEDICAL	1 YES 2 NO		☐ ER/Outpatient 3	,		_	e 5 □ Re	sidenca								
표	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE C (Month,	FINJURY Day, Year)	28b. TII	JURY		RK?		26d. DE	SCRIBE HO	LUB WC	URY OC	CUREO			
B⊀	2 Accident Investigation			<u> </u>	М		YES 2 [	NO								
8	3 Suicide 6 Could not be	28e. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fac	tory, offic	•			or Town, S		f Numbe	r or Rura	Route i	lumber,	
	4 Homicide detarmined															
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best	of my knowledge, de	ath occur	red at the	time, data	and place	, and due	to the ca	use(a) and	manna	r on sta	ted.			
COMPLET	one) 2 MEDICAL EXAMIN													(a) and	manner a	s stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	in /					290.110	ENSE NU	MBER		T	29d 041	E SIGNE	D Man	h, Day, Ye	iar)
BE	De 1/12 (1	hil									1	→ ₹	-131	191	, way, ro	/
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Knop Print)																

PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Tamas Kocsis, M.D. c/o Maryland General Hospital

31. DATE FILEO (Month, Day, Year)
AUG 2 32. REGISTRAR SIGNATURE

Σ	The
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OF	PHYSIC
DIVISION OF VITAL	ATTENDING
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_	HOSPITAL OR ATTENDI
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666.	2
Fig.	d
18.	

FOR STATE REGISTRA	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	21		8
1. DECEDENT'S N	E (First, Middle, Last)  2. DATE OF DEATH  MONTHY  ANY  ANY  ANY  ANY  ANY  ANY  ANY  A	YEAR	3. TIME	01

-	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last  Lavinea Wh	nite / Aviv	10 1.	16:		2. DATE	OF DEATH	19 5	3. TIME OF DEATH 8:50AM
2	4. SOCIAL SECURITY NUMBER	FAVIN	yrs. last birthday)	IF UNDER 1 YEAR		-	- 51,		
	228-01-4702	1 - M 2 F 8	9 YRS.	MONTHS DAYS	HOURS MIN.	(Month,	De BIRTH Day, Year)	8. B	IRTNPLACE (State or Foreignertry)
DIRECTOR	96. FACILITY NAME (If not institution, give MAryland Gener				on Location of D		90	c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TY	100 CIT	TY, TOWN OR LOCA	TION				
- 0	Nd		100. 611		re City				10d, INSIDE CITY LIMITS? 1 LES 2 NO
FUNERAL	1400 E. MAdi	SON St.			2/2/	2		7/.	S / / ?
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 PNO	II yes, s	CENDENT OF NISPA pecify Cuben, Mexico S 2 NO Specific	en, Puerto R	? (Specify Yss or I licen, atc.)		RACE — American Indien, Black, White, etc. Specify:
B	15. DECEDENT'S ED		6a. DECEDENT'S	USUAL OCCUPATE	ION	166.	KIND OF BUSINE	SS/IND/ISTS	BIACK
COMPLET	(Specify only highest grad	College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during m	osl of working	1.00	-	va.	
Š	17. FATHER'S NAME (First, Middle, Last)			3116	16. MOTHER'S NA	ME (First, M	liddle, Maiden Surn		
ш	ZINKROW	(N			MAR	ZV	CIA	V	
TO B	19s. INFORMANT'S NAME (Type/Print)	,	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numb	er, City or Town, St	tate, Zip Code	))
۴	Leola. Di	DASON	1511	N.Ede	N Stak	321	to. M.	dia	2/2/2
	20a. METNOD OF DISPOSITION  1 Disposition 3 Ref			OF DISPOSITION (N	lame of	DATE	20c. LOCATI	ON — City o	r Town, Stats
	4 Donation 5 Other (Specify)		CALV	ARYCM	OTY.	8.5	U A.A.	Co.	Md.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
	Kantolole	1. Gollick		2431	E.Oliv	IDM.	SA Ro	hea	Nd nini
	23. PART i. Enter the diseasee, of	contributions that constant					A J S 7 A A J J J S		
		combinerious that canned the	he deeth. Do r	not enter the mo	ode of dying, suc	h as cardi	ac or reepirato	ry arreat.	Approximate
	enock, or neert tellure.	Liet only one ceuse on each	he deeth. Do r h line.	not enter the mo	ode of dying, suc	h as cardi	ac or reepirato	ry arreat,	intervai Bet
	iMMEDIATE CAUSE (Final disease or condition	Liet only one ceuse on each	h line.		ode of dying, suc	h as cardi	ac or reepirato	ry arreat,	intervai Bet
	IMMEDIATE CAUSE (Final	. Liet only one ceuse on each	struct:	ive pulm	ode of dying, suc	h as cardi	ac or reepirato	ry arreat,	intervai Bet
N	iMMEDIATE CAUSE (Final disease or condition resulting in death)	chronic ob	struct:	ive pulm	ode of dying, suc	h as cardi	ac or reepirato	ry arreat,	intervai Bet
TION	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate	chronic ob	OSTRUCT:	ive pulm	ode of dying, suc	h as cardi	ac or reepirato	ry arreat,	intervai Bet
ICATION	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	a. Chronic ob DUE TO (OR AS A CO	OSTRUCTO ONSEQUENCE OF	ive pulm	ode of dying, suc	h as cardi	ac or reepirato	ry arreat,	intervai Bet
TIFICATION	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Chronic ob	OSTRUCTO ONSEQUENCE OF	ive pulm	ode of dying, suc	h as cardi	ac or reepirato	ry arreat,	intervai Bet
ERTIF	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	a. Chronic ob DUE TO (OR AS A CO	OSTRUCTO ONSEQUENCE OF	ive pulm	ode of dying, suc	h as cardi	ac or reepirato	ry arreat,	intervai Bet
CERTIFI	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO	OSTRUCT: ONSEQUENCE OF	ive pulm F): F):	ode of dying, suc	sease	lac or reepirato	ry arreat,	interval Bet Onset and I
CERTIFI	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A CO	OSTRUCT: ONSEQUENCE OF	ive pulm F): F):	ode of dying, suc	h as cardi	24a. WAS AN AUTH PERFORMED	OPSY	interval Bet Onset and I
EDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO	OSTRUCT: ONSEQUENCE OF	ive pulm F): F):	ode of dying, suc	h as cardi	ac or reepirato	OPSY	interval Bet Onset and I  Onset and I  24b. WERE AUTOPSY FINE AWARLABLE PRIOR TO COMPLETION DE CAI OF DEATH?
MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO	OSTRUCT: ONSEQUENCE OF	ive pulm F): F):	ode of dying, suc	h as cardi	24a. WAS AN AUTH PERFORMED	OPSY	interval Bett Onset and E Onset and E 24b. WERE AUTOPSY FIND AMARLABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eigniticent condition Bronchiestasi	b. DUE TO (OR AS A CO	OSTRUCT: ONSEQUENCE OF	ive pulm  F):  F):  In the underlyin	ode of dying, such	Part I.	24a. WAS AN AUTH PERFORMED	OPSY	interval Bets Onset and E  Onset and E  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAL
SICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eigniticent condition Bronchiestasi	b. DUE TO (OR AS A CO	OSTTUCT: ONSEQUENCE OF	ive pulm  F):  F):  In the underlyin  26. P)	ode of dying, such the control of th	Part I.	24a. WAS AN AUTH PERFORMED 1 YES 2	OPSY	interval Bett Onset and E Onset and E 24b. WERE AUTOPSY FIND AMARLABLE PRIOR TO COMPLETION OF CAL OF DEATH?
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FINISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death, Pag	The Full BRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral discount of hours, shere death with the State Dent. of Health and Mental Horiene order to burial, cremation, or removal,	DRTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner
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55	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the find the physician and completely filled in by the find a physician and completely filled in by the find the physician and Mental Hotelee prior to burial, cremation, or removal.	TAN
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STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH YEAR FRANK BARCUS WALLS, AUGUST 991 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. YRS. 212-20-9110 64 12-04-26 MARYLAND 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VA MEDICAL CENTER FORT HOWARD FORT HOWARD BALTIMORE RESIDENCE OF DECEDENT 10a. STATE MARYLAND BALTIMORE 1 YES 2 Q NO BALTIMORE RAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 87 LANGLEY ROAD FUNE 21221 UNITED\_STATES 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. 11. MARITAL STATUS FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: В 3 Widowed 4 Divorced WHITE KOREAN ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL SUPERVISOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK BARCUS WALLS. MAE MEREDITH BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 2 9600 NORTH POINT ROAD FORT HOUARD City or Town, State CLINICAL RECORDS 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremator) Gardens of FaithCemetery Rossville Md 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MaceAve.21221 23. PART I. Enter the diserges, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or head reliure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition CANCER, LUNG WITH METASTASIS 1 MONTH resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate . Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eigniticent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PLETION OF CAUSE ASHD, CORONARY ARTERY DISEASE, PERIPHERAL VASCULAR 1 TYES 2 NO OF DEATH? DISEASE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TES 2 X NO 1 X Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) BE Runa Mr. a awi ( 8-1-91 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VA MEDICAL CENTER FORT HOWARD, AURORA C. TAN MARYLAND M 31. DATE FILED (Month, Day, 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should efiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The three that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	21120
1. OECEDEN MAME (First, Middle, Last)	E Olemania	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH

	1. OECEDEP WAME (First, Middle, Last)	- 01					2. DATE OF DEATH		3. TIME OF DEATH
	EDWARD	FAI	SXAC	SZOI			AU(7. A	DPI M	YEAR
	4. SOCIAL SECURITY NUMBER 5.	SEX	8. AGE (In yrs. las	t birthday) IF UN	IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	000 05 HSEL 0	M 2 D F	-	YRS. MONTH		HOURS MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give street		88					1403	112WYORK
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2	RESIDENCE OF DECEDENT	Romw:	111		low	002		124	Llimore
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOW	/N OR LOCAT	TION			
E	MARYLAND BALT	20.00		0,0	L	1 1 0			10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	1,05		Al	S.V.	112			1 YES 2 NO
A		· G	)		101	. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
FUNERAL	2715 GLENDA	11	CAO			21231	+	(	J.S.A.
F	11. MARITAL STATUS 12.  1 Never Married 2 Married	FORCES? 13	EVER IN U.S. ARI		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No- 1	4. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	1		2 NO Specif		- 1	Specify:
		W.1	)-41						WHITS
Ξ.	15. DECEDENT'S EDUCATION (Specify only highest grade company)	ON opleted)	(G/	VE kind of work do	ne durina mo	ON est of working	16b. KIND OF BU	BINESS/INDU	STRY
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₩ B			1	TKOD	- 1 ?	ANG.	IRU	cK	Lo.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
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	19a. INFORMANT'S NAME (Type(Print)				ESS (Street a	and Number or Rural	Route Number, City or Tow	r State Zin C	Cordet
2	FAMILY RECORD	20		50	me	Ac A	^	n, olato, zip c	000)
	20s, METHOD OF DISPOSITION	23	201-01-05-4	NO DATE OF DISF	10 15	TO H	BONE		
	Burial 2 Cremation 3 Removal	from Stata	cemetery, cyer	matopy or other pla-	ce)	The same of the sa	DATE 20c. LC	CATION — CI	ty or Town, State
	21. SIGNATURE OF PUNETIAL SERVICE LICENSE	55	750				91 13	PTT5	1.10
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	23. PART I. Enter the diseases, or come	olicetions that	caused the dea	ath. Do not en	ter the mo	de of dules, aug	-070 TO	(41) -1	HICKNIZE
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NC	resulting in death)	Interio	schvi	tec Co	Pail	ure y arte	try Dise	· arp	
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. CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSEO	UENCE OF):	Pail	ure y arte		aip	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	DR AS A CONSEO	UENCE OF):	Pail	ure y arts	Part I. 24s. WAS AN	AUTOPSY	246. WERE AUTOPSY FINDINGS
	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSEO	UENCE OF):	Pail	ure y arte		AUTOPSY MEO?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSEO	UENCE OF):	Pail variant	y arto	Part I. 24a. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSEO	UENCE OF):	pail	y arto	Part I. 24a. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (C	DR AS A CONSEO	UENCE OF):			Part I. 24s. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (C	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTIO	UENCE OF): Describing in the	26. PL	ACE OF DEATH (Ch	Part I. 24e. WAS AN PERFOR 1 U YES 2	AUTOPSY MEO?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (CO	OR AS A CONSECUTION OF AS	UENCE OF):  DENCE OF):  DENCE OF):  DOM OTH	26. PL ER: tursing Home	ACE OF DEATH (Ch	Part I. 24e. WAS AN PERFOR 1 TYES 2 eck only one)	AUTOPSY MEO?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (C	OR AS A CONSECUTOR AS A CONSEC	UENCE OF): Describing in the	26. PL ER: tursing Home 28c. INJI WOI	ACE OF DEATH (Ch	Part I. 24e. WAS AN PERFOR 1 U YES 2	AUTOPSY MEO?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	OUE TO (COORDINATE OF INC. (Month, Day,	OR AS A CONSEO  OR AS A CONSEO	UENCE OF):  UENCE OF):  DOA OTH  DOA 4 N  266. TIME OF  INJURY	26. PL ER: Nursing Home 28c. INJI WOI 1 U	ACE OF DEATH (Ch  5  Residence  FRANCE AT  RK7  TES 2  NO	Part I. 24a. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I	AUTOPSY MEO? NO	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	OUE TO (COORDINATE OF INC. (Month, Day,	DR AS A CONSEO  OR AS A CONSEO  OPEN AS A CONSEO	UENCE OF):  UENCE OF):  DOA OTH  DOA 4 N  266. TIME OF  INJURY	26. PL ER: Nursing Home 28c. INJI WOI 1 U	ACE OF DEATH (Ch  5  Residence  FRANCE AT  RK7  TES 2  NO	Part I. 24e. WAS AN PERFOR 1 TYES 2 eck only one)	AUTOPSY MEO? NO	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	OUE TO (COORDINATE OF IN (Month, Day,	DR AS A CONSEO  OR AS A CONSEO  OPEN AS A CONSEO	UENCE OF):  UENCE OF):  DOA OTH  DOA 4 N  266. TIME OF  INJURY	26. PL ER: Nursing Home 28c. INJI WOI 1 U	ACE OF DEATH (Ch  5  Residence  FRANCE AT  RK7  TES 2  NO	Part I. 24e. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I	AUTOPSY MEO? NO	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (COORDINATE OF INCOMPRESSION OF I	DR AS A CONSEO  DR AS A CONSEO	DOA OTH DOA 4 M N 26b. TIME OF INJURY M ne, farm, street, fi	26. PL ER: Nursing Home 28c. INJI 1 U	ACE OF DEATH (Ch	Part I. 24s. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I	AUTOPSY MEO?  NO  NJURY OCCUP  AND NJURY	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (COORDINATE OF INCOMPRESSION OF I	DR AS A CONSEO  DR AS A CONSEO	DOA OTH DOA 4 M N 26b. TIME OF INJURY M ne, farm, street, fi	26. PL ER: tursing Horn 28c. INJ WO 1	ACE OF DEATH (Ch	Part I. 24e. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW II  26f. LOCATION (Street & City or Town, State)	AUTOPSY MEO?  NO  NJURY OCCUP and Number or	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (COORDINATE OF INCOMPRESSION OF I	DR AS A CONSEO  DR AS A CONSEO	DOA OTH DOA 4 M N 26b. TIME OF INJURY M ne, farm, street, fi	26. PL ER: tursing Horn 28c. INJ WO 1	ACE OF DEATH (Ch	Part I. 24s. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I City or Town, State)  to the cause(s) and mer time, data and placa, an	AUTOPSY MEO?  NO  NJURY OCCUI  AND NJURY	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO  REO  Reo  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (COORDINATE OF INCOME.)  DOSPITAL:  Inpetient 2 = E  26a. DATE OF INCOMENT, Day.  28a. PLACE OF building, etc.  To the best of many in the basis of axar	DR AS A CONSEO  DR AS A CONSEO  eeth but not re  ER/Outpetient 3    JURY Year)  INJURY — A1 hom c. (Specify)  y knowledge, dea minstion and/or in	DOA OTH DOA 4 M N 26b. TIME OF INJURY M ne, farm, street, fi	26. PL ER: tursing Horn 28c. INJ WO 1	ACE OF DEATH (Ch  5	Part I. 24s. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  26f. LOCATION (Street a City or Town, State)  to the cause(s) and mar tilme, data and placa, an	AUTOPSY MEO?  NO  NJURY OCCUI  and Number or  ther as stated d due to the c	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO  REO  Rural Route Number,  sause(s) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions cond	DUE TO (CO  OUE TO	DR AS A CONSEO  OR AS A CONSEO  eeth but not re  ER/Outpatient 3  JURY Year)  INJURY — A1 hom c. (Specify)  y knowledge, dea mination and/or in	DOA OTH DOA OTH DOA OTH Securiting in the	26. PL ER: tursing Horn 28c. INJ WO 1	ACE OF DEATH (Ch	Part I. 24s. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  26f. LOCATION (Street a City or Town, State)  to the cause(s) and mar tilme, data and placa, an	AUTOPSY MEO?  NO  NJURY OCCUI  and Number or  ther as stated d due to the c	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO  REO  Reo  Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions cond	DUE TO (COORDINATE OF INCOMPLETED CAUSE	DR AS A CONSEO  OR AS A CONSEO  eeth but not re  ER/Outpetlent 3  JURY Year)  INJURY — A1 hore c. (Specify)  y knowledge, dea mination and/or in	DOA OTH DOA 4 In the	26. PL  R:  *uraling Home  28c. INJI  WOI  1	ACE OF DEATH (Ch	Part I. 24s. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mer time, data and place, an ABER	AUTOPSY MEO?  NO  NJURY OCCUP  Index as stated did due to the company of the comp	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO  REO  Rural Route Number,  BUSSe(s) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions cond	DUE TO (COORDINATE OF INCOMPLETED CAUSE	DR AS A CONSEO  OR AS A CONSEO  eeth but not re  ER/Outpetlent 3  JURY Year)  INJURY — A1 hore c. (Specify)  y knowledge, dea mination and/or in	DOA OTH DOA 4 In the	26. PL  R:  *uraling Home  28c. INJI  WOI  1	ACE OF DEATH (Ch	Part I. 24s. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mer time, data and place, an ABER	AUTOPSY MEO?  NO  NJURY OCCUP  Index as stated did due to the company of the comp	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO  REO  Rural Route Number,  BUSSe(s) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions cond	DUE TO (COORDINATE OF INCOMPLETED CAUSE	DR AS A CONSEO  OR AS A CONSEO  eeth but not re  ER/Outpetlent 3  JURY Year)  INJURY — A1 hore c. (Specify)  y knowledge, dea mination and/or in	DOA OTH DOA 4 In the	26. PL  R:  *uraling Home  28c. INJI  WOI  1	ACE OF DEATH (Ch	Part I. 24s. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mer time, data and place, an ABER	AUTOPSY MEO?  NO  NJURY OCCUP  Index as stated did due to the company of the comp	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO  REO  Rural Route Number,  BUSSe(s) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions cond	DUE TO (COORDINATE OF INCOMPLETED CAUSE	DR AS A CONSEO  OR AS A CONSEO  eeth but not re  ER/Outpetlent 3  JURY Year)  INJURY — A1 hore c. (Specify)  y knowledge, dea mination and/or in	DOA OTH DOA 4 In the	26. PL  R:  *uraling Home  28c. INJI  WOI  1	ACE OF DEATH (Ch	Part I. 24s. WAS AN PERFOR 1 VES 2  eck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mer time, data and place, an ABER	AUTOPSY MEO?  NO  NJURY OCCUP  Index as stated did due to the company of the comp	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1  YES 2 NO  REO  Rural Route Number,  BUSSe(s) and manner as stated.

1	armit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician. bd in by the funeral director, page 5 should be detached for use as the burial-transit por remoral.  medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	10.	
Š	1. DECEDENT'S NAME (First, Middle, Lest) MILTON	AL	LEN		2. DATE OF DEATH		3. TIME OF DEATH
Ì	220-24-8956	Ø M 2 □ F 6.	YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH	2.7 <b>8. Bi</b>	IRTHPLACE (State or Foreign puntry)
TOR	94. FACILITY NAME (If not institution, give street 917 N. PATTE	ERSON PK.		BALTIMORE,		9c. COUNTY O	PF DEATN
DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1) YES 2 NO
FUNERAL	917 N. PATTERS			10f. ZIP CODE 21205		U.	S.A.
B	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	P. WAS DECEDENT, EVER IN FORCES? 1 A YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES 2/NO Speci	can, Puerto Rican, atc.)	8	RACE — American Indian, Black, White, stc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  1 () T H	ION inpleted) Coffege (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working		TRUCTIO	Y
	17. FATNER'S NAME (First, Middle, Lest) ROBERT HALL			18. MOTNER'S N	AME (First, Middle, Meld	en Sumame)	14
TO BE	190. INFORMANT'S NAME (Type/Print) JEROME HALL		196. MATLING AD	DRESS (Street and Number or Rura E. LAFAYET]	I Route Number City or T	own State Zin Code	215
	20a. METHOD OF DISPOSITION 1 ※ Burlet 2 Cremetion 3 Removel 4 Donetion 5 Other (Specify)	I from State 20b.	PLACEANDDATEOFD		DATE 20c.	LOCATION City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		2-0	22. NAME AND ADDRESS OF F	ACILITY		
TION	23. PART I. Enter the diseases, pr comshock, pr heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	the death. Do not chilina.  CONSEQUENCE OF):  CONSEQUENCE OF):				Approximete Interval Batween Oneat and Desth
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in desth) LAST  d	DUE TO (OR AS A	CONSEQUENCE OF):				
MEDICAL	PART II. Other significent conditions of	ontributing to deeth bu	it not resulting in ti	ne underlying causa given in		ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: /	- 0	28. PLACE OF DEATH (CI	heck only one)		
BY PHYSICIAN:				Nursing Home 5 Residence	8 Other (Specify)  26d. DESCRIBE NOW	INJURY OCCURED	
- 11	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specifi	— At home, farm, stree	t, factory, offica	281. LOCATION (Stree City or Town, Stat	t and Number or Run 9)	al Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On	To the best of my knowlers the best of examination	dge, death occurred at	the time, data and place, and due my opinion, death occured at the	to the cause(s) and m	anner as stated.	e(a) and manner se stated.
TO BE (	296. BUS ATURE AND TITLE OF CENTURE OF	nouzeu	elch 1	10 D37	MBER 249	29d. DATE SIGN	PED (Month, Day, Year)
	30" HAMP AND ADDRESS OF PERSON WHO CO	REZAZA		3900 Loc	h laver	1 VA	HOSP.
	AUG 5 1991	32. REGISTRAB'S SIGNAT	- Mandall	The road			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRA
	1. DECEDENT'S
I	4. SOCIAL SECU

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH				
	GARRY NEAL	ARI	NOLD	0°7" 3°0	1991 11:56 P M				
OR	216-74-3431 1XM2 🗆 F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH  (Mogth Day Veer)  3-11-1959	BIRTHPLACE (State or Foreign     Country)     MARYLAND				
	FRANCIS SCOTT KEY MEDICA	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY							
្រួ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	toe CITY TY	OWN OR LOCATION		Turing				
L DIRECTOR	MARYLAND BALTIMORE	loc. GIT, IC	DUNDALK		10d. INSIDE CITY LIMITS? 1 YES X NO				
FUNERAL	2010 KELMORE ROAD		101. ZIP CODE 2122		U.S.A.				
BY	11. MARITAL STATUS  1 Never Merried  2 Merried  3 Widowed 4 Divorced  12. WAS OCCEOENT EVER FORCES? 1 YE  15 YES, GIVE WAR OF	R IN U.S. ARMEO ES 2 X PNO R DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES A. () NO Speci	NtC ORIGIN? (Specify Yee or en, Puerto Rican, etc.) fy:	No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BUSINE	:SS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 1 0TH GRADE N/A	PAINTER	ired.)						
S S	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Maiden Sun	name)				
BE C	FRED NEAL ARNOLD		GLORIA	L. LAMBRIGH	HT				
2	19e. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural						
	ELLEN M. ARNOLD			D MYRTLE BE	ACH S.C. 29577				
	1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)	206. PLACE AND DATE OF DI CEPTIFICATION OF STREET HILLTUP SER	SPOSITION (Name of VICE CORP 8-1-	1991 TOWS	ION — City or Town, State SON, MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICENS		BUDA-RUCK FUN 7922 WISE AVE	PERAL HOME OF	F DUNDALK, INC. K MD 21222				
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.								
	shock, or heart failure. List only one cause or IMMEDIATE CAUSE (Final	aach line.			intervel Between Onset and Death				
		- 10/-			Onset and Death				
	resulting in death)  a	S A CONSEQUENCE OF):							
z	· ·				j				
CERTIFICATION	Sequentially list conditions, If any, leading to immediata OUE TO (OR AS A CONSEQUENCE OF):								
일	CAUSE (Disease or injury	S A CONSEQUENCE OF):							
🗒	that initiated events DUE TO (OR A: reaulting in death) LAST	S A CONSEQUENCE OF):							
8	d								
	PART II. Other significant conditions contributing to deeth	but not resulting in th	e underlying ceuse given in						
EDICAL				PERFORMED	COMPLETION OF CAUSE				
ME					OF OEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)	eck only one)					
Sic	HOSPITAL: 1 VES 2 NO 1 Inpatient 2√ FR/O		HER: Nursing Home 5 - Residence	8 Other (Specify)					
Ŧ	27. MANNER OF DEATH 28s. OATE OF INJUR	Y 28b. TIME OF	28c. INJURY AT	26d. DESCRIBE HOW INJU	RY OCCURED				
ВУ	1 Natural 5 Pending 0 7 Tourns, 30 Years	1999 10:551	WORK?	SUBJECT	HANGED SELF				
	Suicide 28e. PLACE OF INJU	JRY - At home, farm, street		28f. LOCATION (Street and a	Number or Rural Route Number,				
	building, etc. (Specify)  ATTIC-2010 KELMORE ROAD  DUNDALK, MAR								
7	29a. CERTIFIER								
COMPLETED	(Check only								
	29b. SHOMETURE AND AVILOR CERTIFIER		29c. LICENSE NU	MBER 29	od. DATE SIONEO (Month, Day, Year)				
BE (	Ill Jent ng		OCM		▶07 31 1991				
2	HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print							
	grank J PENETTI		ENN STREET	BALTIMORE	, MARYLAND				
	AUG 5 1991 32 REGISTRAB'S SI	GNATURE 1000- Particulation							

1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPARTM	MENT OF	HEALTH F DEA	AND	MENTA	L HYGIEN	Ε :	1 6	211	23
1. DECEDENT'S NAME (First, Middle, Lest)								OF DEATH			3. TIME OF DEA	TN
Judith Cat	herine	Atk	ins				07	23		YEAR	12:28	PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		UNDER 1 YEAR	IF UND	ER 24 HRS.	7. DATE	OF BIRTH	Ť	8. BIRTN	PLACE (State or F	
212-28-1826	1 - M 2 - KF	77	YRS.	NTHS DAYS	HOURS	MIN.	1 (Mon	28/13		Countr	rginia	
9a. FACILITY NAME (If not institution, give s	street and number)		91	b. CITY, TOWI	OR LOCA	TION OF D		11-5	9c. COUN	NTY OF D		
2934 E. Fayette	Street			Balti	nore				Balt	imor	e City	
10e. STATE Md. 10b. COUNT	Y		10c, CITY, T	OWN OR LOC	ATION.						10d. INSIDE CIT	Y
2934 E. Fayette	St.		Balti	imore							LIMITS?	NO
10s. STREET AND NUMBER					of. ZIP CO	DE			10g. CITI	ZEN OF W	HAT COUNTRY?	_
2934 E. Fayett	e St.				2	1221				USA		
11. MARITAL STATUS	12. WAS DECEDEN			13, WAS D	CENDENT	OF HISPA	NIC ORIGI	N? (Specify Yee	or No-	14. RACE	- American Ind	lan,
1 Never Married 2 Married  3 N Widowed 4 Divorced		MAR OR DATES	NO		S 2 NO			Ricen, etc.)		Specia	, White, atc.	
	l										white	
15. DECEDENT'S EDU- (Specify only highest grade	completed)	- (	ECEDENT'S US	done during i	TION nost of work	ing	186	. KIND OF BUS	INESS/IND	USTRY		
Elementery/Secondary (0-12)	College (1-4 or 5	+)	Homema									
Unknown			Пошеше	TV. G.T.								
17. FATNER'S NAME (First, Middle, Lest)								Middle, Melden	Sumeme)			
Waymond Dodson							Wood					
19e. INFORMANT'S NAME (Type/Print)								ber, City or Town		Code)		
Judy Ann Atkins		20	934 E.	Fayet	te St	t., I	Balti	more,	Md.	212	24	
20e. METHOD OF DISPOSITION  1 To Buriel 2 Cremation 3 Rame	oval from State		AND DATE OF D		Vame of		DAT	E 20c. LOC	ATION —	City or To	vn, Slate	
4 Donation 5 Other (Specify)		Spe	rryvill	Le Cem	etery	t	i	Rapp	aham	nock	, Virgi	nia
21. SIGNATURE OF PIMERAL SERVICE LIC	ENSER	,		22. NAME								
· // 0111	J. Ka	1. Amore						meral		01	007	
23. PART I. Enter the disease or or shock or heart salars	complications the	t couled the d	eeth. Do not	enter the m	iderTII	و و ا و و	DIR	ridge,	PIQ.	21.	227	
SHOOK, DI HESEL HUME.	List only one ceu	use on sech iln	<b>b.</b>		oue or u	my, auc	an care	arec or reapir	etory arre	est,	Approxim	
iMMEDIATE CAUSE (Final disease or condition	1/2/2	· - 1	1.		. 0	•	_ ,	1	1 -		Onset an	d Death
resulting in death)	. Hrte	MOSCIE	rotic	7 60	indi	ova:	SCU	an	gise	est	2	
	DOE TO	OH AS A CONSE	QUENCE OF):									
Sequentially list conditions,	b	(OR AS A CONSE	OUTNOT OF									
if any, leading to immediate cause. Enter UNDERLYING	502 10	TON AS A CONSE	OUENCE OF):									
CAUSE (Disease or Injury	DUE TO	(OR AS A CONSE	OHENCE OF									
that initieted events resulting in deeth) LAST	502.10	(On AS A CONSE	OUENCE OF):									
	d											
PART ii. Other significent condition	s contributing to	deeth but not	reaulting in ti	he underlyi	ng ceuse	given in	Part I.	24a. WAS AN	UTOPSY	24b.	WERE AUTOPSY F	INDINGS
								PERFORM			AVAILABLE PRIOR COMPLETION OF	TO
								1 TYES 2			OF DEATN?	
							-	Inspe	cted	4	1   YES 2	NO
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER?	HOSPITAL:			THER:	PLACE OF							
27. MANNER OF DEATN	1 Inpetient 2 I			Nursing Ho		esidence						
1 Natural 5 Pending	(Month, D.		28b. TIME OF	W	JURY AT ORK?	_	28d. DES	CRIBE HOW IN	JURY OCC	URED		
2 Accident Investigation					YES 2	NO						
3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	me, ferm, stree	t, lactory, off	Ce		28f. LOC	ATION (Street er or Town, State)	d Number o	or Rural Ro	oute Number,	
29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurred at	the time, de	a and place	, end dus	lo the cau	se(e) end mann	er se state	d.		
2 NUEDICAL EXAMINE	R: Og the basis of a	xamination and/or	investigation, in	my opinion,	death occu	red at the	time, date	and place, and	due to the	ceuse(a)	end menner ee s	toted.
29b. SIGNATURA DAG TULE OF CERTIFIED	/	0/	7		,	ENSE NUA						
ALV		(1,6)	1-			C M			29d. DATE	SIGNED	Month, Day, Year)	0.1

**BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MONTH, Day, AUG 5

1991

TO BE COMPLETED BY FUNERAL DIRECTOR

mit. Pages 1, 2, 3 should

STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	<b>MENTAL</b>	HYGIE	NE
		C	ERTIFICATE	OF	DEAT	TH		REG. NO	Э.

25. WAS CASE REFERRED TO MEDICAL EXAMINER?    Continue   Continue	1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH AND OF DEATH	MENTA	L HYGIE			
1. SOCK DECEMBER 1. SEX NOT BY STORY BY						MONT	ГН	DAY 199		and the same of th
216 10 7536 1% 2 1 8 1 78 8 1 78 8 1 78 8 1 78 8 1 78 8 CHRY TOWN ON LOCATION OF BEAST  SECONTY OF BEA			E (In yrs. lest birthday)			10.00	OF BIRTH	1	BIRTHPLAC	E (State or Foreign
THE MEMORY IN THE PROPERTY SUCCESSES  SECONDATE OF DECENSION SECONDAY  MARYLADING BALLO. City  BE STATE AND NUMBER  43.06 Falls Road  1 vs. document of the secondary		21	81 YRS.			Ju]	y 29		Nort	h Caro
Sec. STREE   Sec. COUNTY   S	Union Memoria	1 Hospital								
MATURE AND AUMBER  4.306 Falls Road  10 MAD ECCEDENT FOR IN U.S. LAND  11 MAD ECCEDENT OF MALE COUNTRY  4.306 Falls ROAD  12 MAD ECCEDENT OF MALE COUNTRY  13 MAD ECCEDENT OF MALE COUNTRY  14 MAD ECCEDENT OF MALE COUNTRY  15 MAD ECCEDENT OF MALE COUNTRY  16 MAD ECCEDENT OF MALE COUNTRY  17 MAD ECCEDENT OF MALE COUNTRY  18 MAD ECCEDENT OF MALE COUNTRY  19 MAD ECCEDENT OF MALE COUNTRY  10 MAD ECC						¥				
THE PROPOSAL TO THE PART IN CONTROL CONTROL OF THE PART IN CONTROL CONTROL CONTROL OF THE PART IN CONTROL CONTROL OF THE PART IN CONTROL C										LIMITS?
11. MANTAL SETURE  12. WAS DECEMBER? OF INSPANSE CONCINCT (Specific Park In U.S. Asset December of Park In U.S. Asset Decemb		to. City		Balti					250	
11. MAN STATUS   New March 2 [V Married   10 New SECONDETS   1978 3 V March 2   10 New Second 2   10 N		- 3								COUNTRY?
Security Service   1   YES 2   YES   1   YES 2   YES   1   YES 2   1   YES 2   YES   1   YES 2   YES		12. WAS DECEDENT EVER	IN U.S. ARMED	13. WA			N? (Specify )			merican Indian
State December's BUNCATION   State December's Bulk Accumation   State December's Bulk Accumation   State December's Bulk Accumation   State December's Bulk Control on minical   State December State D		FORCES? 1 YES	S 2XX10	lf y	es, specify Cuban, Max	ican, Puarto			Specify:	
Elementary/Secondary (6-12)   College (1-4 or 5-4)   Police Officer   Baltimore City Police			16a. DECEDENT'	S USUAL OCC	UPATION	16	b. KIND OF B	USINESS/INDU	1 5 5 5 30	
18. MOTHER'S NAME (First, Mickin, Maide, Sumanny)  Thomas Arnold  19. MALING ADDRESS (Street and Number of Part Roam Number, City or Sum, State, Ze Code)  Frances Arnold  43.06 Falls Road, Baltimore, Md 2121  20. METHOD OF DEPORTING PART OF SUM STATE (Street and Number of Part Roam Number, City or Sum, State, Ze Code)  Frances Arnold  43.06 Falls Road, Baltimore, Md 2121  20. METHOD OF DEPORTING PART OF SUMANNE (Specified)  Frances Arnold  43.06 Falls Road, Baltimore, Md 2121  20. METHOD OF DEPORTING PART OF SUMANNE (Specified)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ACT CITY OF SUMANNE (Specified)  22. MANA RIO ADDRESS OF FOLIDITY  Burgee—Henss Funeral Home  33. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, interval eleases or condition  resulting in deeth)  DUE TO (OR AS A CONSECUENCE OF):  24. WAS CASE REFERENCE TO MEDICAL EXAMETER: 1 To Manage of the Constitution			life. Do NOT	use retired.)						
Thomas Arnold  19a. BROMANTS NAME (Psemhar)  19a. BROMANTS NAME (Psemhar)  19a. BROMANTS NAME (Psemhar)  19b. MALING ADDRESS (Steed and Number or Paral Robe Number City or Xem. State. Zp Code)  17 Brances  17 Brances  18 Brances  19b. MALING ADDRESS (Steed and Number or Paral Robe Number City or Xem. State. Zp Code)  20b. PLACE AND DATE Or BISPOSITION (Paral December of Paral Robe Number City or Xem. State. Zp Code)  20b. PLACE AND DATE Or BISPOSITION (Paral Soc. LOCATION — City or Town, State and Commission, Commission or Robert Date of State Places  21c. BRANCH 20c. Places State Places  22c. MARKE AND ADDRESS OF PACILITY  22c. MARKE AND ADDRESS OF PACILITY OF MARKET AND ADD	6		Poli	ce Of	ficer	I	Balti	more	City	Police
TROLEMPTORIANTS NAME (Proportion)  TO BURNAL NAME (Proportion)  TO BURNAL 2 CHANGE OF PAIR NAME (Proportion)  200. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  201. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  202. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  203. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  204. PLACE AND DATE OF DISPOSITION (Name Date of Date of Committee)  205. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  206. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  207. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  208. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  208. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  209. PLACE AND DATE OF DISPOSITION (Name Date of Committee)  209. PLACE AND DATE OF DATE (Name Date of Committee)  209. PLACE AND DATE OF DATE (Name Date of Committee)  209. PLACE AND DATE OF DATE (Name Date of Committee)  209. PLACE OF DATE (Name Date of Name Date of Committee)  209. PLACE OF DATE (Name Date of Name Date of Nam	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Middle, Maide	en Sumame)		
## PRAIDLY OF DIRPOSITION    30a. METHOD OF DIRPOSITION		Arnold			Har	rrie	Sa	wver		
20. PLACE AND DATE OF DISPOSITION (Fame of Complex Committee) 20. PLACE AND DATE OF DISPOSITION (Fame of Complex Committee) 20. PLACE AND DATE OF DISPOSITION (Fame of Complex Committee) 20. PLACE OF DEATH (Check only one) 22. ALEXANDERS OF PACILITY OF The Part I. The property of Complex Complex Committee) 23. PLACE OF DEATH (Check only one) 24. DOES TO PERSON WINDING MANNERS OF DEATH (Libert pin of Disposition) 24. DOES TO PENDING MANNERS OF DEATH (Libert pin of Death of Libert	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		19b. MAILIN							
1				4306	Falls Ro	pad.	Balt	imore	. Md	21211
22. NAME AND ADDRESS OF FACILITY  Burgee—Henss Funeral Home 3631 Falls Road, Balto, Md. 2121  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory streat, interval E Onset and disease or condition resulting in deeth)  DUE TO (OR AS A CONSCOURNCE OF):  DUE TO (OR A	1 T Buriel 2 Cremetion 3 Re	moval from State	of comptant committee	ne or other plac	and and					
Burgee—Henss Funeral Home 3631 Falls Road, Balto, Md. 2121  23. PART I. Enter file diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory strest, influence of conditions, in the cause of the deeth. Do not enter the mode of dying, auch as cardiac or respiratory strest, influence of conditions, it say, leading to immediate of the cause. Enter UNDERTLYING DUE TO (OR AS A CONSEQUENCE OF):  D		JCENSEE /	acred H	eart	Of Jesus	EACH ITY	/ I Ba	Itimo	re, A	darylai
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, approximation and the control of the course of the country arrest, and the country are an arrest, and the country are an arrest, and the country arrest, and the country arrest, and the country arrest, and the country are an arrest, and the country arrest, and the country are an arrest, and the country arrest, and the country arrest, and the country are an arrest, and the country arrest, a	· Kenn	B Dens	s)	Bu	rgee-Her	iss I	Tuner	al Ho	me Md	21211
The sequence of the sequence o	disesse or condition resulting in deeth)  Sequentially list conditions,	1 UTI								
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Normal Number of DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  28. PLACE OF INJURY AT WORK?  3 Suicide 8 Could not be determined  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY AT WORK?  M 1 YES 2 NO  28. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29. CERTIFEIER (Check only one)  29. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  29. SIGNATURE AND TITLE OF CERTIFIER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. DATE SIGNED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   YES 2   NO  28. DATE OF INJURY  1   Matural 5   Pending Investigation   Pending Investigatio		ons contributing to death	but not resulting	in the unde	erlying cause given	in Part I.				
EXAMINER?    YES 2 NO	CUA						100		DF E	IPLETION OF CAUSE DEATH?
EXAMINER?    YES 2 NO	25. WAS CASE REFERRED TO MEDICAL				26 PLACE OF DEATH	Check only	2001			
27. MANNEB OF DEATH  1 Natural 2 Accident 3 Suicides 4 Homicide 5 Pending Investigation 2 Accident 5 Pending Investigation 2 Accident 3 Suicides 4 Homicide 6 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Rural Route Number occured at the time, data and place, and dua to the cause(a) and manner as attend.  29d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Mornin, Describe How Injury Occured at the time, data and place, and dua to the cause(a) and manner as	EXAMINER?		stantiant 2 7 DOA							
1 Natural 2 Accident 3 Suicide 8 Could not be determined 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as 29b. SIGNATURE 3 Natural 3 Number or Rural Route Number, 1 Number or Rural Route Number, 2 Number or Rural Route Number, 2 Number or Rural Route Number, 2 Number or Rural Route Number, 3 Num			11.11.11.11.11.11.11.11.11.11.11.11.11.	V INJURY OCCL	JRED					
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Veer)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  11. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	1 Netural 5 Pending (Month, Day, Year) INJURY WOR 2 Accident Investigation									
(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  11. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	- Codid Not b	building, atc. (Specify)								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  TO NOTE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	(Check only									manner as stated
Trank Buller UNION Memorial HOSP  31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE	(D) 150	hose	01	)	29c. LICENSE (	NUMBER		29d, DATE	SIGNED (Mor	nth, Day, Year)
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	30 NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE OF			J Me.	Mor	-in/	H	105/	)
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21125 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4:20 P M 9 Emma M. Ay 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 3-9-42 1 M 2 XF 49 217-38-7788 YRS. Baltimore, Md. 9b. CITY, TOWN OR LOCATION OF DEATH 9a, FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH Baltimore Union Memorial Hospital RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD. Baltimore YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4800 Richard Avenue 21214 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yee, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2/ XNO Specify: Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9th GRade Nurse's Aid Waltherknoll 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Hook Gertrude Miller 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Leroy L. Ay 4800 Richard Avenue Baltimore, MD. - 21214 20a. METHOD OF OISPOSITION

1 Description | Method | Meth 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State 4 Donation 6 Other (Specify) Faith Cem. Gardens Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY 6415 Belair Road Baltimore, Md. -. 21206 John C. Miller, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition resulting in death) a. CARDIOGENIC SHOCK

DUE TO (OR AS A CONSEQUENCE OF): hour DUE TO (OR AS A CONSEQUENCE OF): INFARCTION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING ORGNARY DISEASE CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? DIABETES MELLITUS 1 YES 2 NO 1 TYES 2 YNO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 | YES 2 | NO tient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide

6 Could not be determined 29a. CERTIFIER

(Chank only 1) CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) MD. albert MD- D30923 8 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OHIVE RSIT PARKWA BALTIMORE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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DAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Hem 28 is marked or them 23 shows any injury or other traumatic event the medical evant
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMENT OF	F HEALTH AND	MENTAL HYGI		1 21126		
	1. DECEDENT'S NAME (First, Middle, Last) ALVIN DOUGLAS BE					2. DATE OF DEAT MONTH		year 91 0522 A M		
	4. SOCIAL SECURITY NUMBER 217-16-3580	1 💢 M 2 🗌 F	(In yrs. lest birthday		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, You 07/11/2	1 (	B. BIRTHPLACE (State or Foreign Country)		
TOR	90. FACILITY NAME (If not institution, give GREATER BALTIMOI RESIDENCE OF DECEDENT		ENTER	TOW:	OWN OR LOCATION OF I	DEATN		TY OF DEATH		
DIRECTOR	10a. STATE 10b. COUNT	LTIMORE		rkton	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	1320 Rayville R				101. ZIP CODE 21120		U.S.	EN OF WNAT COUNTRY?		
₽	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT, EVER I FORCES? 1 [X] YES IF YES, GIVE WAR OR D WW I I	2 NO	If ye	DECENDENT OF NISPA e, specify Cuban, Mexic YES 2 X NO Spec	an, Puarto Rican, alc.	Yea or No- 1	4. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or 5+)	16a. DECEDENT' (Give kind on NOT. Disab	f work done durir use retired.)	PATION ng most of working	16b. KIND OF	BUSINESS/INDU	STRY		
E COM	17. FATNER'S NAME (First, Middle, Last)  Alvin D. Broyle	s. Sr.		Teu		AME (First, Middle, Ma Ricker				
TO BE	190. INFORMANT'S NAME (Type/Print) Ronald W. Broyle				reet and Number or Rura le Rd., Pa	Floute Number, City or				
	20s, METNOD OF DISPOSITION 1 Disposition 3 Ren 4 Donation 5 Other (Specify)	oval Irom Stata cer	o. PLACE AND DATE potery. Cremetory, or Ore Land Me	of disposition other place).	N(Name of Emetery (	DATE 200	alto.,	ty or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LI ROY H. Cather Roy H. Cather				end J. Ruck,		arford Rd	.,Balto.,Md. 21214		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. CARDIOPULMONARY ARREST									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events and the following that initiated events are the following to the following that initiated events are the following that the following the following that the following the following the following that the following that the following									
	d. INTERVASCULAR COAGULATION									
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 MANO	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C					
РНУ	27. MANNER OF/DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	AE OF 28c	Nome 5 Residence INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE NO	W INJURY OCCU	RED		
D BY	2 Accident Investigation 28s. PLACE OF INJURY — At home, lerm, street, factory effice						281. LOCATION (Street and Number or Rural Route Number,			
ETE	4 Nomicide detarmined	building, atc. (Spec				City or Town, St	(ato)			
COMPLETED	(Check only	ICIAN: To the best of my know IR: On the basis of examination	ledge, daath occur n and/or investigati	red at the time, on, in my opinic	date and place, and due on, death occured at live	to the cause(a) and time, data and place	menner as atated, and due to the c	cause(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	lus			29c. LICENSE NU	MBER 723	29d. DATE S	HONED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type		BMC		1 0/	7/71		
	31. DATE FILED (Morith, Day, Year) AUG 5 195	32. REGISTRAR'S SIGN  Fulia David		- 14	.5.7	2				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by 1 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the within 72 hours after death with the State Detr. of Health and Mental Hyplene prior to burial, certainable in certain the state of t	3
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21127 91 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Brown YEAR sabe 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 11 th, Day, Yes 27 MONTHS DAYS HOURS 219-05-9634 1 M 2 X F 79 YRS 11 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Baltimore County General Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e STATE 10b. COUNTY 10d. INSIDE CITY Md Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WNAT COUNTRY? 10f. ZIP CODE 1809 Riggs Avenue 21217 USA 12. WAS DECEDENT EVER IN U.S.VARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Ricen, atc.) 1 — YES 2 — NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) School System 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Dink Pender Sadie Pender BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Brown 1809 Riggs Avenue. Baltimore. Johnnie L Md 20a. METHOD OF DISPOSITION

1 N Buriel 2 Cremation 1 Re
4 Donation 5 Other (a city) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Park Memorial 8/8/91 Baltimore, Maryland 21. SIGNATURE OF JUNETIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Funeral Home 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Bety **Onset and Death** IMMEDIATE CAUSE (Final disease or condition dder 190 car resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 ZLM OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 MO patient 2 ER/Outpatient 3 DOA 4 🗆 Nurs ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month). Day, Month 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Autural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be determined 4 🔲 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the besie of exami on end/or investigation, in my opinion, death

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE well.

295 SIGNATURE AND TITLE OF CERTIFIER

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

LICENSE NUMBER

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached as the control of removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
after death. F	by the funeral	lical examin
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eath certificate	attending physical Ital Hyniene or	y, or other t
es that the de	igned by the a	s any injur
The law requi	ite has been s	em 23 show
3 PHYSICIAN:	ir this certifica	arked, or it
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TO THE HOSPITAL 0	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face and accompletely filled in by the face and the face state has been accompletely filled in by the face and the face of the face and the face of	IMPORTANT: If Ite

						9	1 21128
	FOR STATE REGISTRAR	STATE OF MARYLAND / CE		OF HEALTH AND NO OF DEATH		GIENE G. NO.	
i	1. DECEDENT'S NAME (First, Middle, Last)	N RUR	RELL		2. DATE OF DI	DAY YE	3. TIME OF DEATH
	010	SEX 6. AGE (In yrs. lest	birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BII (Month, Day,	RTH 6, E	SHRTHPLACE (State or Foreign
	9s. FACILITY NAME (If not institution, give stree		,	TOWN OR LOCATION OF DE		9c. COUNTY	OF DEATH
СТОВ	RESIDENCE OF DECEDENT	mis Hasb	7-	Sultino	ه لــ	74	Y
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, TOWN O	2000			10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	108. STREET AND NUMBER CONTO	se Ave		101. ZIP COOE	23	10g. CITIZEN	OF WHAT COUNTRY?
Æ	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Olvorced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES	10	MAS DECENDENT OF HISPAN f yes, specify Cuban, Mexica PES 2 NO Specify	n, Puarto Rican,		RACE — American Indian, Black, Whita, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	(Gingleted) 16a DE(Gingleted) (Gingleted)	CEDENT'S USUAL OC five kind of work done of Do NOT use retired.)	CCUPATION furing most of working	16b. KIND	OF BUSINESS/INDUST	rastones
w	17. FATHER'S NAME (First, Middle, Last)	LREAL		18. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)	,
TO B	19a. INFORMANT'S NAME (Type/Print)	Burreth 19	MAILING ADDRESS	(Street and Number or Rural	Poute Number, Cl	ty or Town, State, Zip Coo	md21223
	20 METHOO OF OISPOSITION  1 Burlat 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	at from State 20b. PLACE of other pla		me of cemetery, cremetory or	16/91	SKABUC	or Town, Stata
	21. SIGNATURE SE FUNERAL SERVICE LICEN	3. Scott	22.	NAME AND ADDRESS OF FA	CILITY A	laich	vest and
	The state of the s	mplications that caused the de it only one cause on each line	ath. Do not entar	the mode of dying, suc	h ss cardlac	or respiratory arrest	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		LINFA	Action			Onset and Death
_		DUE TO (OR AS A CONSECUTION OF A CONSECU	OUENCE OF):	20STATE			
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEC					
TIFIC	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
CEF	PART II. Other significent conditions	contributing to death but not a	resulting in the up	deriving cause given in	Part I 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 TES 2 NO
SICIAN:		HOSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)		
PHYS	1 YES 2 NO 1  27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatient 3  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	sing Home 5 🗀 Residence 26c. INJURY AT WORK?		E HOW INJURY OCCUR	EO
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At ho	М	1 YES 2 NO	261, LOCATION	Street and Number or i	Rural Route Number
ETED	3 Suicide 6 Could not be determined	building, atc. (Specify)			City or Tov	vn, State)	
COMPL	one)	AN: To the best of my knowledge, de On the besis of exemination and/or					
8	29b. SIGNATURE AND TITLE OF GERTIFIER	ama MD.		29c. LICENSE NU	MBER 480		GNED (Month, Day, Year)
일	30 NAME AND ADDRESS OF PERSON WHO	201101 5150 01115 05 05 05 05			100		1 1 1

31. DATE FILED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF OBATH (ITEM 27) (Type, Print)

SKLAMAM) (940 W. BATO

21223

BALTIMOREMD

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X ours after death. Page 6 may be retained by the hospital or attending investigation or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as in third in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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-6	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND / CE		TMENT				MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (	n	AY	YEAR	3. TIME OF DEATH
	Elizabeth Anna								7	30		91	6:45 PM
	4. SOCIAL SECURITY NUMBER 212–22–7572	5. SEX	6. AGE (in yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE C (Month, Jan.	Day, Year)	1927	Coun	HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ION OF DE				NTY OF	· ·
DIRECTOR	2810 Frederick A	venue			Baltimore								
EC	10a. STATE 10b. COUNTY	10c. CIT	CITY, TOWN OR LOCATION								10d. INSIDE CITY		
DIR	Md.		Ва			ltimore							1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2810 Frederick	lvenue			101. ZIP CODE 21223							SA	WHAT COUNTRY?
5	11. MARITAL STATUS		T EVER IN U.S. ARM			WAS DEC	ENDENT	OF HISPAN		(Specify Ye	-	14. BAC	E — American Indian,
BY F	1 Naver Merried 2 Married FORCES? 1 YES 2 NO If ye					If yes, specify Cuben, Maxican, Puarlo Rican, etc.)  1 TYES 2 NO Specify:						Spe	ck, Whita, atc. city: White
	15. DECEDENT'S EDUC		16a. DEC	EDENT'S	USUAL O	CCUPATION	ON		16b.	KIND OF BU	ISINESS/INC	DUSTRY	WILL DO
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	///e	e kind of Do NOT u	work done se retired.)	during mo	at of worki	ng					
교	7			lomer	naker	2			0	wn Ho	me		
S S	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	iddie, Malder	Surname)		
BEC	Clinton Gayleard	1											
	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRES	S (Street i	and Numbe	r or Rural I	Route Numb	er, City or Tox	vn, State, Zip	Code)	
5	Cheryl Jobe Wecke	sser		315	6 Wil	ken	s Av	enue.	. Bal	to.	Md.	212	23
	20e. METHOD OF DISPOSITION  1  Burlal 2  Cremetion 3  Rem	mal from State	20b. PLACE C	F DISPO							OCATION -		
	4 Donation 5 Qther (Specify)				Park	Cem	eter	Y		Ba	ltimo	ore.	Maryland
	21. SIGNATURE OF JUNERAL SERVICE LIC	ENSEE L	A					SS OF FA					
	1 / Jan d	. Lou	forcer	7						neral rid <i>e</i> e			4007
	23. PART I. Enter the diseases, or o	complications th	nt caused the dee	th. Do	not enter	the mo	de of dy	ing, auc	h as card	ac or rest	iratory ar	rest.	1227 Approximate
	shock, or head inliura.	List only one ca	use on each line.							200	,	901	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	MET	ASTAT	75	^	VA	Oil	1,2	(	AN	CFO		Ollegt and Death
	resulting in death)	DUE TO	O OR AS A CONSEO	UENCE C	OF):	V ()	1417	1/0		77 ) ) 🔾	CCF		
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CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	b DUE TO	OR AS A CONSEO	UENCE O	F):								_
SAT	cause. Enter UNDERLYING												
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE C	HF):								
F	reaulting in death) LAST	d											
	PART II Other significant condition	a contribution to	a death but not so		Im Ab	and a selection		-1 1-	2 I			-	
SAL	PART II. Other aignificant condition	E contributing to	death but not re	suiting	in the ui	паепуіп	g cause	given in	Part I.	24a, WAS AI PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	<u> </u>									1 TYES	2 🗌 NO		OF DEATH?
													1 TYES 2 NO
3													
PHYSICIAM:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_	OTHE		LACE OF I	DEATH (Ch	neck only one	9)		-	
YS	1 VES 2 NO		ER/Outpetient 3		4 - Nu	sing Hon		lasidence	a 🗆 Other				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	Day, Year)	28b. TIR	JURY M	W	IURY AT DRK7 YES 2 [	□ NO	28d. DE\$	CRIBE HOW	INJURY OC	CURED	
	3 Suicide 8 Could not be detarmined	28s. PLACE building	OF INJURY — At hon, atc. (Specify)	ne, farm,	atreel, fac	tory, offic	a			TION (Street or Town, State		r or Rurai	Route Number,
H	29a. CERTIFIER												
COMPLETED	(Check only		if my knowledge, dea examination and/or in										(a) and menner es atated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIES		An	TEN	Din	<u></u>	29c. LIC	ENSE NUI	MBER	,	29d. DAT	E SIONE	D (Month, Day, Year)

MD

21201

,	-0-				
NAME A	ND ADDRESS	OF PERSON W	HO COMPLETED	CAUSE OF DEATH	(ITEM 27) (Type, Print)

ATTENDING D290

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30 821 BALTIMORE N. EUTAW 57 # 301

31. DATE FILED, Manage Day, "Year) Julia Nevidron Randalle KRISHNAN

OHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

(	permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 4 years after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1 - STATE REGISTRAR	STATE UF MA			IMENI UF			MENIA	REG. NO	E		
1. OECEOENT'S NAME (First, Middle, Last)				OATE O	DEA			OF DEATN			3. TIME OF DEATH
MARIE BETZ MA	RIE CARME	LLA BET	Z				MONT 8	н ол 1	19	YEAR 91	9:30 p M
4. SOCIAL SECURITY NUMBER	6. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		S. BIRTHP	LACE (State or Foreign
216-28-9601	1 M 2 F	80	YRS.	MONTHS DAYS	HOURS	MIN.		h, Day, Year) 2-11		MARY	
9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOW	N OR LOCAT	ION OF DI				TY OF DE	
RIVERVIEW NURSING	HOME			ESSEX					BAL	TIMO	RE
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			t0c, CITY	Y, TOWN OR LO	CATION						10d. INSIDE CITY
MARVIAND	MARYLAND BALTIMORE									LIMITS?	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OI										21	
10/1								.S.A			
11. MARITAL STATUS	12 WAS DECEDENT F	VER IN U.S. ARM	IED	13. WAS D			NIC ORIGI	N? (Specify Yas		14. RACE	- American Indian.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 TNO OR DATES	0		specify Cub ES 2 XNO			Rican, atc.)		Black, Specify	WHITE
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)			USUAL OCCUPA		ina	168	. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12) 6 TH GRADE	College (1-4 or 5+)	ille.	Do NOT us MEMA	e retired.)							
17. FATNER'S NAME (First, Middle, Last)				11111	16. MOT	THER'S NA	ME (First.	Middle, Malden	Sumama)		
DOMNIC CORRERI					-120			GARDE	Jan anne,		
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street					n. State. Zip	Code)	
EMILY L	. PENNER										. 21227
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from Stata  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or								rn, Stata			
4 Donation 5 Other (Specify)	INSEE 1 1	CEDAK	UTLL		AND ADDR	ESS OF EA	CHITY		BALTI	MORE	
- Orchield	Show	nor	_	HUBB.	ARD F	UNER	AL H	OME IN			
7/10/040/14	70100		-				-	UE, BAL			
23. PART Enter the diseeses, or c shock, or heart fellure. I			ith. Do n	not enter the	mods of dy	ying, suc	ch se car	diec or reep	iratory srr	est,	Approximate Intervel Between
IMMEDIATE CAUSE (Finel	1)	. ^									Onset and Death
disesse or condition resulting in death)	Hypertoe	esciel +	ritu	wisden	etie (i	TIMO	ey UA	swee i	reas	2	
	DUE TO (OI	R AS A CONSEO	UENCE OF	F):							
Sequentially list conditions,	DUE TO (O	AS A CONSEO	HENCE OF	D:							-
If any, leading to immediate cause, Entar UNDERLYING	502 10 (0)	TAS A CONSEC	OLINOL OF	r).							
CAUSE (Disease or injury that initiated events	OUE TO (OI	R AS A CONSEO	UENCE OF	F):							<del> </del>
resulting in death) LAST											
	•										
PART II. Other significant conditions	contributing to de	eth but not re	euiting i	In tha underly	ing ceuse	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Hepotypoid							_	1 TYES	2 0110		COMPLETION OF CAUSE OF DEATH?
Agolie Digu	deed	dialex	ee.								1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF	DEATH (C	heck only d	ne)			
1 YES 2 NO	1   Inpatient 2   E	R/Outpatient 3	□ DOA	4 Mursing H	lome 5 🗆 F	Rasidenca	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,	JURY Year)	26b. TIM INJ	JURY	INJURY AT WORK?		28d. DE	SCRIBE NOW	INJURY OC	CURED	
2 Accident investigation	1 M 1 YES 2 NO										
3 Suicide 6 Could not be determined 26. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  26. LOCATION (Street and Number or Rural Route Number, City or Town, State)								oute Number,			
29e. CERTIFIER	NAME YOU IN THE REAL PROPERTY.				Horough and						
(Check only one)  29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC (Check only one)											and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER					-						
$\cap$					29c. LK	CENSE NU	MBER		29d. DAT	SIGNED	(Month, Day, Year)
30 NAME AND ADDRESS OF PERSON WHO											
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHIN)  TECHNOL SCHOOLS OF DEATH (ITEM 27) (TYPO, PHIN)											
Michael Sch	COMPLETED CAUSE	OF DEATH (ITEN	( Type,	Print)	מסוני	200	(0	wo Re	ada	800	21325

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within action's after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached minimin 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	with	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it he filed within 72 hours after death with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal.	went	
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31. DATE FILED (Month, Day, Year)

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH	TAL HYGIENE REG. NO.	91 21131								
M. M.	ATE OF DEATH	YEAR 3. TIME OF DEATH								
STANLET DOKOWSKI	1	91 1720 M								
MONTHS DAYS MOURS MIN (A	TE OF BIRTH forth, Pay, Year) DV . 01 , 1920	s. BIRTHPLACE (State or Foreign Country) maryland								
	9c. COU	NTY OF DEATH								
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2X NO								
100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTR 21227 U.S.A.										
100. STREET AND NUMBER  5654 BRAXFIELD ROAD  11. MARITAL STATUS  11. Mover Married  12. Was Decedent even in u.s. armed forces? 1 \( \) Yes 2 \( \) NO If yes, apacity Cuban, Maxicon, Pua 1 \( \) Yes 2 \( \) NO Specify:	IGIN? (Specify Yes or No— rto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: WHITE								
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 1 2 TH GRADE  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  CONDUCTOR  17. FATHER'S NAME (First, Middle, Last)  EDUCATION  18. MOTHER'S NAME (First, Middle, Last)	16b. KIND OF BUSINESS/INC	DUSTRY								
T7. FATHER'S NAME (First, Middle, Last)  EPIPHANIUS BOROWSKI  ANNA WAT	12TH GRADE   CONDUCTOR RAILROAD  17. FATHER'S NAME (First, Middle, Lest)  EPIPHANIUS BOROWSKI  ANNA WATKOWSKI									
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROSEMARY BOROWSKI 5654 BRAXFIELD ROAD, BALTIMORE, MD. 21227										
20s. METHOD OF DISPOSITION 1A Burlel 2 Cremetion 3 Removal from State 4 Donetion 8 Other (Specify) HOLY ROSARY CEMETERY	BALTIMO	City or Town, Stata								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL 4107 WILKENS AVE	HOME INC.	ORE. MD. 21229								
23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line.	cerdisc or respiratory sn	rest, Approximats Interval Between Onset and Death								
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. Status Epilepticus  Due to (or as a consequence of the cons	4 42									
Busto and Olamin Cubdina	l Hernator	ma 12 month								
Sequentially list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):	. 7									
d. Oa Programma Smranenar										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part  Congestive Heart failure  Training	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  ONGENERY  1 VES 2 NO  1 VES 2									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO YES 2 NO YES 2. DATE OF INJURY  26. PLACE OF DEATH (Check on OTHER: 4 Nursing Home 8 Residence 8 OTHER: 27. MANNER OF DEATH 28. DATE OF INJURY (Mgrith, Day, Year)  1. NURY WORK?	ify one)									
1 YES 2 NO Minpettant 2 ER/Outpettant 3 DOA 4 Nursing Home 8 Residence 8	1, 1,									
	DESCRIBE HOW INJURY OF	COURED								
2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined	2 Accident Investigation 28 Apr DE IN HIGH At home same street better office									
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the	* *									
8										
296. SIGNATURE AND THE OF CENTURY MOVEL MO 200. LICENSE NUMBER 126. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 26. 10 2	29d. DAT	TE SIGNED (Month, Day, Year)  2 Hug 1991								

Julia Davidson-Rombine

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-rape be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month; Day,

5 (Sear)

1. DECEDENT'S NAME (First, Middle, Las		CERTIFIC			ENTAL HYGIEN REG. NO		
Dane	11)				2. DATE OF DEATH	AY CEA	3. TIME OF DEATH
	tha Mae. Ba	ker				C. I	0/
4. SOCIAL SECURITY NUMBER		100		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign ountry)
220 22 7179		8 YRS.	DATE IN		5/2/13	N	Maryland
9a. FACILITY NAME (If not institution, giv	e street and number)	96	CITY, TOWN OR I	OCATION OF DEA	ТН	9c. COUNTY O	OF DEATH
Liberty Med			Baltir			Ba1t	imore City
Maryland 10b. cour	Balto. City	100	altimo				10d. INSIDE CITY LIMITS?  1 YES 2 NO
10e. STREET AND NUMBER			101. ZI	P CODE		10g. CITIZEN	OF WHAT COUNTRY?
3602 Hooper	Avenue			21211		U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			C ORIGIN? (Specify Ye	a or No- 14. F	ACE - American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			y Cuban, Maxican, NO Specify:	, Puarlo Rican, atc.)		Specific te
15. DECEDENT'S E		16a. DECEDENT'S USU	UAL OCCUPATION		16b. KIND OF BU	SINESS/INDUSTF	RY .
(Specify only highest gri	ade completed)	(Give kind of work life. Do NOT use re	done during most of	f working	1 1000000000000000000000000000000000000		
Elamentary/Secondary (0-12)	College (1-4 or 5+)	Regi	stered	Nurse	Medic	al Car	ce
17. FATHER'S NAME (First, Middle, Last)		21092			E (First, Middle, Maiden		
	ert Baker, J	r.	,		ia Belle		is
19a. INFORMANT'S NAME (Type/Print)	Danci, O		DDESS (Street and		oute Number, City or Tox		
Rose Wilhelm	m				ue, Balt		
20a. METHOD OF DISPOSITION							
1 Surial 2 Cremation 3 R	emoval from Stata of ce	PLACE AND DATE OF emetary, crematory or o	other place)			CATION — City of	
4 Donation 8 Other (Specify)		odlawn		ADDRESS OF FACI	18/2 Woc	dlawn	, Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	~// \			nss Fune	rol II	200
Alm	n BUARRE	Donn)		_			Md. 2121
23. PART I. Enter the diseases, p	or complications that/coused	the death. Do not	entar tha moda	of dying, such	as cardiec pr reac	iratory arrest.	Approximate
ahock, or heart fallu	re. List only one cause on ea	ch line.					Interval Between
IMMEDIATE CAUSE (Finel disease or condition	0	Λ.	21 -				Oliset and Dea
resulting in death)	a. Trapp	INC M	LANG-	4			
	DUE TO COR AC A	CONCECUENCE OF		1			
	DUE TO (OR AS A	CONSEQUENCE OF):	\		1 (20)	,	
	- Acuri	= my	o curri	in	MEDZ	non	
Sequentially flat conditions, if any, leading to immediate	- Acuri	CONSEQUENCE OF):	0 CM2)	in	MEAN	GOOD	V 40
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):	OCAPI	in	MEAN	GOTON AN	Sever -
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	= my	wric	in	MEAN	GOTE FOR	Keret
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):	O CAPIO	in car	MEAN	work of	KERE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	O CUPY!				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  d.	CONSEQUENCE OF): CONSEQUENCE OF):		ause given in F	Part I. 24a, WAS AI		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):		ause given in F	Part I. 24a, WAS AI	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDING
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  d.	CONSEQUENCE OF): CONSEQUENCE OF):		ause given in F	Part I. 24a, WAS AI	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  d.	CONSEQUENCE OF): CONSEQUENCE OF):		ause given in F	Part I. 24a, WAS AI	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in t	28, PLAC	ause given in F	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially flet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions to the condition of the conditions	DUE TO (OR AS A  DUE TO (OR AS A  d.  tiona contributing to death but  DRECTMENT  HOSPITAL:	CONSEQUENCE OF):  At not resulting in 1	28. PLAC	eause given in F	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the conditions	DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetient 2   ER/Output	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the second secon	28. PLAC	E OF DEATH (Check	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED? 2  NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the conditions	DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpettent 2   ER/Output  28a. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF):  At not resulting in the second se	28. PLAC	E OF DEATH (Check	Part I. 24a. WAS AI PERFO  1 YES  ck only one)  8 Other (Specify)	N AUTOPSY RMED? 2  NO	24b. WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the conditions	DUE TO (OR AS A  DUE TO (OR AS A  d.  LIDNA CONTributing to death but  DEPLITAL:  1   Inpatient 2   ER/Output  28a, DATE OF INJURY (Month, Day, Year)  28a, PLACE OF INJURY	consequence of):  consequence of):  at not resulting in 1  atlent 3 DOA 4  28b. TIME 0  INJUR  At home, farm, stre	28. PLAC OTHER:  Nursing Home OF WORK M 1 YES	E OF DEATH (Chort	Part I. 24a. WAS AI PERFO  1   YES  ck only one)  3   Other (Specify)  28d, DESCRIBE HOW	N AUTOPSY RIMED?  2 □ NO  INJURY OCCURE  and Number or A	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the conditions	DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  LIDNA CONTRIBUTING to death but  DRS:  LIDNA CONTRIBUTING TO THE CONTRIBUTING (Month, Dey, Year)  Due TO (OR AS A  DU	consequence of):  consequence of):  at not resulting in 1  atlent 3 DOA 4  28b. TIME 0  INJUR  At home, farm, stre	28. PLAC OTHER:  Nursing Home OF WORK M 1 YES	E OF DEATH (Chort	Part I. 24a. WAS AI PERFO  1 YES  ck only one)  5 Other (Specify)  28d, DESCRIBE HOW	N AUTOPSY RIMED?  2 □ NO  INJURY OCCURE  and Number or A	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit CHAON (CHAON CAUSE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 100  27. MANNER OF DEATH  Natural 5 Pending Investigation of Could not determined.	DUE TO (OR AS A  DUE TO (OR AS A  d.  Libna contributing to death but  DRC:  HOSPITAL:  1   Impatient 2   ER/Output  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, atc. (Special	consequence of):  at not reaulting in the state of the st	28. PLAC OTHER: Nursing Home OF Y M 1 YE: et, factory, office	E OF DEATH (Check of AT	Part I. 24a. WAS AI PERFO  1 YES  Ck only one)  Ck only one)  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	N AUTOPSY RMED? 2 □ NO  INJURY OCCURE and Number or A	24b. WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit CHOOLE (AUSTRIAN CONDITION	DUE TO (OR AS A  DUE TO (OR AS A  d.  Libna contributing to death but  DRC:  HOSPITAL:  1 Inpatient 2 ER/Output  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, atc. (Special	consequence of):  at not reaulting in the state of the st	28. PLAC OTHER: Nursing Home OF WORK M 1 YEs et, factory, office	E OF DEATH (Chort of the Chort	Part I. 24a. WAS AI PERFO  1 YES  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW  City or Town, State  to the cause(a) and many	N AUTOPSY RMED? 2 □ NO  INJURY OCCURE and Number or R	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit CHOOLE (AUSTRIAN CONDITION	DUE TO (OR AS A  DUE TO (OR AS A  d.  Libna contributing to death but  DRC:  HOSPITAL:  1   Impatient 2   ER/Output  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, atc. (Special	consequence of):  at not reaulting in the state of the st	28. PLAC OTHER: Nursing Home OF WORK M 1 YEs et, factory, office	E OF DEATH (Chort of the Chort	Part I. 24a. WAS AI PERFO  1 YES  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW  City or Town, State  to the cause(a) and many	N AUTOPSY RMED? 2 □ NO  INJURY OCCURE and Number or R	24b. WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  TO NO  THE PROOF NUMBER,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit CHOOLE (AUSTRIAN CONDITION	DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpatient 2   ER/Output  28a. DATE OF INJURY (Month, Day, Year)  DOI 28b. PLACE OF INJURY building, atc. (Special  AYSICIAN: To the best of my knowle	consequence of):  at not reaulting in the state of the st	28. PLAC PTHER: Nursing Home PF Y M 28c. INJUR WORK 1	E OF DEATH (Chort S   Residence 8 2   NO	24a. WAS AI PERFO  1 YES  1 YES  Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(a) and multime, data and place, a	N AUTOPSY RMED? 2 □ NO INJURY OCCURE and Number or A )	24b. WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit CHRONIC CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit CHRONIC CAUSE (CAUSE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigated Could not determined.  29a. CERTIFIER (Check only one)  MEDICAL EXAMINER (Check only one)	DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpatient 2   ER/Output  28a. DATE OF INJURY (Month, Day, Year)  DOI 28b. PLACE OF INJURY building, atc. (Special  AYSICIAN: To the best of my knowle	consequence of):  at not reaulting in the state of the st	28. PLAC PTHER: Nursing Home PF Y M 28c. INJUR WORK 1	E OF DEATH (Check of the state	24a. WAS AI PERFO  1 YES  1 YES  Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(a) and multime, data and place, a	N AUTOPSY RMED? 2 □ NO INJURY OCCURE and Number or A )	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Ural Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit CHRONIC CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit CHRONIC CAUSE (CAUSE OF CAUSE O	DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  DUE	consequence of):  consequence of):  at not resulting in 1  at not resulting in 1  28b. Time of invertigation, in 1  and/or investigation, in 1	28. PLAC  THER:  Nursing Home  OF  Y  M  1  YE:  et, factory, office  at the time, data ar  in my opinion, deri	E OF DEATH (Check of the state	24a. WAS AI PERFO  1 YES  1 YES  Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(a) and multime, data and place, a	N AUTOPSY RMED? 2 □ NO INJURY OCCURE and Number or A )	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Ural Route Number,

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

_	HEGISTHAH			ERITE	ICAT	E OF	DEA	TH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF			YEAR	3. TIME OF DEATH
	FRANCIS I	F.			_	DWSK1			08	01			3.:25 AM M
		5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF (Month, E	BIRTH Day, Ybar)		s. BIRTHI Country	PLACE (State or Foreign
	212-07-9049 Se. FACILITY NAME (If not institution, give:	1 X M 2 🗆 F	90	YRS.					04	10	01	MA	RYLAND
œ					1	Y, TOWN C			EATH		9c. COL	UNTY OF DE	
DIRECTOR	NORTH ARUNDEL HO	DSPITAL A	SSOCIAT	'ION	(	GLEN	BURN	NIE				A.A.	COUNTY
EC	10e. STATE 10b. COUNT	ГҮ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	MARYLAND A	NNE ARUN	NDEL		1	SEVE	RN						LIMITS?
	10e. STREET AND NUMBER									10g. CITIZEN OF WHAT COUNTRY?			
띮	8088 QUARTERF	3 QUARTERFIELD ROAD						144				U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. A	ARMED	13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIGIN? (	Specify Yes			— American Indian, , White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	INO			2 XNO		en, Puerto Rici	an, atc.)		Specify	y:
		<u> </u>										W	HITE
	15. DECEDENT'S EDU (Specify only highest grade	le completed)	16a. D	DECEDENT'S (Give kind of vitte. Do NOT us	Work done	during mo	ON ist of worki	ing	16b. KI	IND OF BUS	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+	) EM	PLOY									
MO	17. FATHER'S NAME (First, Middle, Last)		EP1.	PLOT	עם	CARP						ONST	RUCTION
	UNKNOWN						100	JNKN	AME (First, Mide	dle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)			10h MAIL INC	ADDRES	e /Cimat s			Route Number,	Ale Taranta	A TI		
임	BEVERLY A. WEI	BER											. 21225
- 1	20. METHOD OF DISPOSITION 1 Murtal 2 Cremation 3 G Rem			EANDDATE					DATE	1		City or Tow	
- 1	1 X Burtal 2 □ Cremation 3 □ Rem 4 □ Denation 5 □ Dillay Specify)	loval from State		rematory or of HAVI	ther plecal	CEME		v	8/3				E, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE	1	*****	22.	NAME AN	ND ADDRE	SS OF FA	CILITY				
	· Lary	d. No	mym	un									ME.21061
-	23 DADT I Enter the diseases of	- small antique that	v		14	<u> 26 (</u>	CRAI	IN H	WY.S.	W.G	LEN	BURN	NIE, MD.
	23. PART I. Enter the diseases, of ahock, or heart failure.	List only one caus	se on each lin	leath. Do n	iot enter	the mod	de of dy	ing, auci	h sa cardiad	or reapi	ratory an	rast,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	, on	4			0.			0				Onset and Death
H	resulting in death)	a. Out TO	(OR AS A CONSE	VW	)cu	Ku	1	icc	1der	J			10 clary
_	_	A+	OR AS A CONSE	TOURNICE OF	2 1	1. 4							0
<u></u>	Sequentially list conditions, if any, leading to immediate	b. / / DUE TO	(OR AS A CONSE	EQUENCE OF	) / ( 1 F):	16/1	un						
CATION	cause. Enter UNDERLYING				,								
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (	(OR AS A CONSE	EOUENCE OF	5):								<u> </u>
CERTIFI	resulting in death) LAST	d											
. II	PART It. Other significent condition	ne contributing to	doeth but not	telaa	1- ab- 111	- d- dellar		1 - 1					
₹	Circulation		ant f	0 1		iderlying	cause s	given in	Part I. 24	PERFORI		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Longeon	Je 11 w	WI I	411	M				1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ													1 TYES 2 NO
A A	25. WAS CASE REFERRED TO MEDICAL												N/A
2	EXAMINER?	HOSPITAL:			OTHER	R:			eck only one)				
PHYSICIAN:	27. MANNER OF DEATH	1 Ninpatient 2 -		3 DOA			-	isidence	6 Other (S)				
	1 Natural 5 Pending	(Month, De		INJ!	URY	26c. INJU WOF	RK?	7 410	28d. DESCRI	BE HOW IN	JURY OC	CURED	
B	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF	F INJURY — At he	ome farm.	treat fact	_		NO	COL LOCATIV	74 (Br.) at a		7 45	
3 1	4 Homicide 6 Could not be	building, a	atc. (Specify)	Ditto, rec,	If we to the con-	Dry, orne	1		281. LOCATIO	ON (Street ar own, State)	nd Number	or Rural Ro	ute Number,
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHYSI	MANUTO the head of											
ž	(Check only one)  2 MEDICAL EXAMINE	ICIAN: To the best of a	my knowledge, or	eath occurre	d at the 11	ime, deta	and place,	, and due	to the cause(	a) and mann	ner an stat	ted.	
	296. SIGNATURE AND TITLE OF CERTIFIES		William Co.	Bireaugatio.	1, in my w					i piace, and	due to th	ie cause(a)	and manner as stated.
# H	30. SIGNALIS AND ITTLE OF CENTWIE	Telen	a not	1			29c. LICE	ENSE NUM	DER		29d. DATE	E SIGNEO	Month, Day, Year)
2 ∦	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED PAUS	TO DEATH OTH	)	200			155	2010			311	71
	NEIL E. PADGETT,	M.D./770	)6 QUAR'	TERFI	ELD	ROAD	/GLE	N BU	RNTE.	MD.	210	61	
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR					/		1011-2-2-9	110.	210	O.L	
	AUG 5 1991	9 4 44	on Rande	00									
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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F 08	L DIR	Pour	Hen
100	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buinal-transit permit.	hin 72	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E 19	IE FU	D Wife	HTA
10	TH OT	De file	MPO

21134 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH app 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 9:30 A. Julia Aug. Bolewicki 1991 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
Feb. 8,1915 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 76 MONTHS DAYS HOURS MIN. 1 🗆 M 2 🏁 F Maryland YDE 218-07-3337 9e, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 610 S. Ellwood Avenue DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY Maryland Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 610 S. Ellwood Avenue 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Ricon, stc.) IF YES, GIVE WAR OR OATES 1 YES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind at work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) Collega (1-4 or 5+) Homemaker 8 0 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Peter Helowicz Anna Bogdan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8604 Harford Rd. Balto. Md. 21234 Phyllis Kowalewski 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20a. METHOD OF OISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20c. LOCATION — City or Town, State St. Stanislaus Cemetery Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL PERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Caymon A-Weber Second Inc. George A. Weber & Sons Inc. 705 S. Ann St. Balto. Md. 21231 23. PART I. Enter the diseases, or complications that caused the deeth. Do not safer the mode of dying, such as cardisc or respiratory errest, Approximets shock, or heart fallura. List only one cause on each ilns. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition CONSCOURCE OF: COVONDRY artery Disease resulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending м 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER

(Chank only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER C. Kowolewske

D21022

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Kowalewski M.D. 8604 Harford Rd. Balto. Md. 21234 Marion

1991

BE

1 ,32. REGISTRAN'S SIGNATURE

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death vertificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending objecting on the completely filled in by the funeral director, page 5 should be defached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental, Argiene prior to burlat, cemation, or removal. IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - FOR STATE REGISTRAR		RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	1 21100				
	1. DECEDENT'S NAME (First, Middle, Last)  ELEANOR	K. COCHI	RAN	2. DATE OF DEATH MONTH	YEAR 3. TIME OF DEATH				
	10-10-01	M 2 X F 70 YRS.	MONTHS DAVE HOUSE MIN	7. DATE OF BIFTTH (Month, Day, Year) 08-15-20	B. BIFTINPLACE (State or Foreign Country)				
TOR	9a. FACILITY NAME (If not institution, give street and Stella Maris Hospice RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF TOWSON		ry of DEATH altimore				
DIRECTOR	10a. STATE 10b. COUNTY  PARYLAGO BALTI	10a. C	HERV HALL		10d. INSIDE CITY LIMITS? 1 ☐ YES 29 NO				
FUNERAL	100. STREET AND NUMBER  26 (7: LLAND	COURT	101. ZIP CODE	5	EN OF WHAT COUNTRY?				
BY FU	1 Never Married 2 Merried FC	IS DECEDENT EVER IN U.S. ARMED RCES? 1 TYPES 2 NO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISP If yes, specify Cuben, Mexi 1 YES 2 NO Specify	can, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:				
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Cotile	ed) (Give kind	"S USUAL OCCUPATION of work done during most of working use retired.)	16b. KIND OF BUSINESS/INDU	STRY				
COMP	17. FATHER'S NAME (First, Middle, Lest)	Zsc R	STARY 18. MOTHER'S P	NAME (First, Middle, Malden Surname)	Taid HTJAIK.				
TO BE	SOUGRO KEARAS  196. INFORMANT'S NAME (Type/Print)  196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	20e. METHOD OF DISPOSITION 15/2 Burlal 2 Cremation 3 Removal fro 4 Donation 6 Other (Specify)	m State other piece)	POSITION (Name of corretary, crematory of	1	ity or Town, State				
	21. SIGNATORE OF FUNERAL SERVICE LICENSEE	130	22. NAME AND ADDRESS OF SURANS CHEEK		um.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, laading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that inhibited exerties  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):								
	that initiated events resulting in deeth) LAST								
PHYSICIAN: MEDICAL	PART II. Other significent conditions cont	fluting to death but not resulting	ig in the underlying cause given i	In Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN		PITAL:	26. PLACE OF DEATH (						
	27. MANNER OF OBATH  1 Natural 6 Pending	Se. DATE OF INJURY 26b. 1	4 Nursing Nome 6 Residence TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	6 X Other (Specify) HOSPI 28d. DESCRIBE HOW INJURY OCC					
TED BY	T C resident	6e. PLACE OF INJURY — At home, farm building, etc. (Specify)	n, street, factory, offica	261. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,				
COMPLETED			urred at the time, date and place, and d						
TO BE C	286. SIGNATURE AND TITLE OF CERTIFIER	Mexander	29c. LICENSE N D 270	0.00	SIGNEO (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COM Carla S. Alexander,			aney Valley Rd	Towson				
	31. DATE FILED (Month, Day, Year) AUG 5 1991	2. REGISTRAN'S SIGNATURE Julia Davidson-Randa	02.						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

certificate be executed within this after death. Page 6 may be retained by the hospital or attending physician.	nding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Hygiene prior to burial, cremation, or removal.	a soften deminated a month of the month of a contract from a contract of contract
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to	commenced to the second and the second second second second days according to modelling to make the modelling of second

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	FOR STATE OF M.  1 - STATE PREGISTRAR	ARYLAND / DEPARTA CERTIFIC	IENT OF HEALTH AND I ATE OF DEATH	MENTAL HYGIEN REG. NO.	91	21136
	1. DECEDENT'S NAME (First, Middle, Last)  JANE INDY		OOKE	2. DATE OF DEATH DO AUGUST 2,	1991 YE	3. TIME OF DEATH  3: 20A M
	1-110	B. AGE (In yrs. last birthday)   IF	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MM.	7. DATE OF BIRTH (Month, Day, Year) 4 - 14 - 3	8. 8	URTHPLACE (State or Foreign ountry)
TOR	9s. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HO RESIDENCE OF DECEDENT		BALTIMORE CIT	АТН	9c. COUNTY	IMORE CITY
DIRECTOR	10e. STATE 10b. COUNTY		OWN OR LOCATION	10d. INSIDE CITY  X LIMITS?  Y SY YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2852 EAST FEDERAL ST		101. ZIP CODE 21213			U.S.A.
BY	11. MARITAL STATUS  12. WAS DECEDENT FORCES? 1  3 WIdowed 4 Divorced  12. WAS DECEDENT FORCES? 1  IF YES, GIVE WA	EVER IN U.S. ARMED YES X2/ NO R OR DATES	13. WAS DECEMBENT OF HISPAN If yee, apocify Cuben, Mexica  1 YES 2 NO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5+)  12th Grade	Min Do MOT una n	done during most of working stired.)	16b. KIND OF BUS	SINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Marshall	Gilliam	18. MOTHER'S NA.	ME (First, Middle, Malden	Wi	lliams
5	19s. INFORMANT'S NAME (Typo/Print) William Cooke	2852 <sub>E</sub>	AST FEDERAL S	STREET/Ba	altimo	re, Md. 212
	20a. METHOD OF DISPOSITION 1 🖾 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	orthog misson)	on (Name of comments, crementary or Grove Bapt. (	Ch Cem.	Green	ville Co, Va
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	me	WM.C. MARCH		11 F	North Ave.
	23. PART I. Enter the diseases, or complications that shock, or heert fellure. List only one caus IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF):	5			15 4RS
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to	Seath but not resulting in	the underlying cause given in	Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 40
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 5 50 1   Input light 2 (S)		26. PLACE OF DEATH (Ch			
	27. MANNER OF DEATH  1 Natural 5 Pending  28a. DATE OF (Month, Da	NJURY 286, TIME (		28d. DESCRIBE HOW	INJURY OCCURE	EO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE Of building, of	INJURY — At home, farm, streetc. (Specify)	et, factory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of ax					nuse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF DENTIFIER M	D PIREC	7002 D309	MBER S	29d. DATE SIG	GNBO (Montyl, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE KELTH T SIVELET	E OF DEATH (ITEM 27) (Type, PI		LINS H	OSPIT	AL
		r's SIGNATURE	# T			

1.3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	ATE OF	DEATH		REG. NO.			
9	1. DECEDENT'S NAME (First, Middle, Lest) GLEN CRADD(	OCK/ Glen	Jerome	Cra	ddock	2. DATE OF	F DEATH DA	Y YEAF	3. TIME OF DEATH	
		SEX 6. AGE (In yrs 43		THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		Le pu	ATTHPLACE (State or Foreign unitry)	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  8c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH									
Di l	10a. STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY	
	M D  104. STREET AND NUMBER		1 X YES 2 NO							
FUNERAL	1919 E. 30th St			10	21218			U.S.	A .	
BY	11. MARITAL STATUS  1 Never Merried 2 Married  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)								ACE — American Indian, ack, Whita, atc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)	DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	AL OCCUPATI lone during me red.)	ON ost of working			NESS/INDUSTRY		
O	17. FATHER'S NAME (First, Middle, Last)	<u> </u>			18. MOTNER'S NA					
BE	JOHN CRADDOCK  190, INFORMANT'S NAME (Type/Print)				18. MOTHER'S NA DAIS					
5	DAISY CRADDOCK		1919 E	. 30T	H ST./E	BALTO	· , M	State, Zip Code) D 2121	8	
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Ramoval 4 Donation 5 Other (Specify)	from Stata correctors	CE AND DATE OF DIS	POSITION (N	T V.A.	CEM.	20c. LOC	ation - city or ings M	Town, State ills, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	HEE			MARCH		1101	E NC	ORTH AVE.	
	23. PART I. Enter the diseases, or com	iplications that caused the	death. Do not e	nter the mo	da of dving, auc	h as cardia	C Dr reapir	atory arrest	Approximate	
	shock, pr heart failure. List IMMEDIATE CAUSE (Final disease pr condition resulting in death) a	A) (05	ine.				o o . roupi	actify arread,	Interval Between Onset and Death	
Z		DUE TO (OR AS A CON	SEOUENCE OF):							
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEOUENCE OF):							
EDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEOUENCE OF):							
, C	PART II. Other algnificant conditions co	ontributing to death but no	ot resulting in the	underivin	cause given in	Part I 2	la. WAS AN A	UTOPSY 2	4b. WERE AUTOPSY FINDINGS	
							PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž.									1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTI	28. PL	ACE OF DEATH (Ch	eck only one)				
IYS		☐ Inpatient 2 ☐ ER/Outpatient	3 DOA 4 D	Nursing Nor	5 Residence	6 Other (S	ipecify)			
BY P	t Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY		URY AT RK? YES 2 NO	28d. DESCR	IBE HOW IN	JURY OCCURED		
	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — AI building, etc. (Specify)	home, ferm, atreet,	factory, offic		28f. LOCATE City or	ON (Street an fown, State)	d Number or Rura	I Route Number,	
COMPLETED	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O	N: To the best of my knowledge,	death occurred at t	he ilme, data my opinion, d	and place, and due	to the cause	(a) and mann	er ee stated.	o(a) and manner so stated	
H	29b. SIGNATURE AND TITLE OF CERTIFIER	M			29c. LICENSE NUN				ID (Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)					014	V  .	
	AL DAYS PHISD (C. )									
	31. DATE FILED (MONTH), DOY, 1991 &	72: RECONSTRAINS SIGNATURE	delle							

1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFICAT	E OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	E OF DEATH	Y YEA	3. TIME OF DEAT	гн
HOWARD		CLOUD		07	31	1991	08:09	A M
A /	8. AGE (In yn	S. last birthday) IF UND YRS. MONTH	ER 1 YEAR IF UNDER 24 H	14.4	E OF BIRTH oth, Day, Year)	Q// 8. BI	RTHPLACE (State of Fo	oreign
9a. FACILITY NAME (If not institution, give stree HOME 627 NORT	H CALHOUN S	TREET 96. CI	TY, TOWN OR LOCATION OF BALTIMOR		mv	9c. COUNTY C	OF DEATH	/(·
RESIDENCE OF DECEDENT		TREET	BINDITHOI	CI CI	11			
Mon bor		10c. CITY, TOWN	OR LOCATION		-		10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER		1 14/	10f. ZIP CODE			10a. CITIZEN C	1 VES 2 DF WHAT COUNTRY?	NO
627 North C	Alhoun	51	2/2/	7		U.	5, A.	
	2. WAS DECEDENT EVER IN U.S FORCES? 1 VES 2	ARMED 1:	. WAS DECENDENT OF HE	SPANIC ORIG	IN? (Specify Yea		ACE — American India	nn,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	HI.	if yes, specify Cuban Mi 1 ☐ YES 2 ☐ NO S	pecify:	Hican, atc.)		leck, White, etc.	6
15. DECEDENT'S EDUCAT (Specify only highest grade col	FION 16st mpleted)	DECEDENT'S USUAL	a during most of working	18	b. KIND OF BUS	INESS/INDUSTR	Y	0
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use retired	)					
17. FATHER'S NAME (First, Middle, Last)	nk	· · · · ·	18. MOTHER'S	S NAME (First,	Middle, Maiden S	Sumame)		
19a. INFORMANT SNAME (Typy Print)		19b. MAILING ADDRE	SS (Street and Number or R	Tural Route Nu	pber City or Town	State, Zid*Code	1	
Mr. Sete Mars 200. METHOD OF DISPOSITION	hall	627N.	Calhorn	5%	BAL	7. m.	N- 217	17
1 Buriat 2 Cremation 3 Remova		ce AND DATE OF DISPO	1 1 +1	(m 8)	20c. LOC	ATION - City o	Town freta	W
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE O.		NAME AND ADDRESS OF	EUS.	FUI	Verm	Hom	2
yeaseph to	Kuss	ó	232 W. N	nth	A110	Ralt	Con 12,	211
23. ART i. Enter the diseases, or con	mmile attack a series a series		00000114	0/1//	11001	C17//4	110001	16
shock, or heert failure. Lis	it only one cause on each	deeth. Do not ente	or the mode of dying,	auch as car	diac or reapir	atory arrest,	Approxima	
IMMEDIATE CAUSE (Final	it only one cause on each	line.				200	Approxima interval Be Onset and	etween
SHOCK, OF HEART IMIGIE. LIS	CHRONIC	OBSTRUC	TED PULMO			200	interval Be	etween
iMMEDIATE CAUSE (Final disease or condition	it only one cause on each	OBSTRUC				200	interval Be	etween
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate	CHRONIC	OBSTRUC				200	interval Be	etween
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CHRONIC  DUE TO (OR AS A CON	OBSTRUC  OBSTRUC  OBSTRUC  OBSCOUENCE OF):				200	interval Be	etween
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

lages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 5

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

11 4	15		KIVE
3 4 5 7	1 2	100, STATOD 106, COUNT	,
E E	<u>E</u>	ing cook!	
j.	0		
permit.	₹	100. STREET AND NUMBER 622	Edgewood
insit	6		,
020 physician. burial-transit	FUNERAL DIRECTO	11. MARITAL STATUS	12. WAS DECEDENT I
D20 phys		1 Never Married 2 Merried	FORCES? 1
9 g a	B	3 Widowed 4 Divorced	IF YES, GIVE WAR
15 tend		15. DECEDENT'S EDU	CATION
or at	I E	(Specify only highest grade	completed)
D Spital ed for	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)
IARYLAND 21215-0020 strained by the hospital or attending physician should be detached for use as the burial-tranillified at once.	BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)	onald Cr
A Pe	i iii		mara cr
2 5 5	5	19a. INFORMANT'S NAME (Type/Print) Barbara BArdı	ney
ALTIMORE, death. Page 6 may be funeral director, page xaminer must be is		206 THE THOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remains	
Ctor.		1 Buriel 2 Cremation 3 Reme 4 Donation 5 Other (Specify)	oval from State
S die	1 0	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE
min neral	1 9	. / A	CM.
A dea	100	1 lime	Y SH
Mithin 24 hours after or the pieterly filled in by the cremation, or removal.		23. PART I. Enter the diseases, or o	omplications was a
nours after of in by the or remove		shock or heart fellure.	omplications what c
y filled ation, c	1	IMMEDIATE CAUSE (Final	
in 2 hin 2 hin 2 hin 2		disesse or condition resulting in deeth)	MULTIP
P.O. BOX 68760, ath certificate be executed within tending physician and complete all Hygiene prior to burial, cremor or other traumatic event,			DUE TO (O
87 unted ron nrial,	2		
X 687 executed n and con to burial,	ō	Sequentially list conditions,	DUE TO (OF
ician jor	A	if sny, leeding to immediate cause. Enter UNDERLYING	70.00
Dhys phys	유	CAUSE (Disease or Injury	DUE TO (O
S Sing St	E	that initiated events resulting in death) LAST	DUE TO (O
ath c ttendi	H.		·
ON OF VITAL RECORDS, P.O. BOX 68760, IDING PHYSICIAN: The law requires that the death certificate be executed within 1 After this certificate has been signed by the attending physician and completely death with the State Dept. of Health and Mental Hygiene prior to burial, crematis marked, or item 23 shows any injury, or other traumatic event, ti	PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other algnificent condition	Contributing to de
Win in	<u>₹</u>	The state of the s	e continuating to de
S E E	ă		
aure duire	뿔		
T Per se	3		
ON OF VITAL  DING PHYSICIAN: The law After this certificate has I death with the State Dept  marked, or item 23	Z	25. WAS CASE REFERRED TO MEDICAL	
CIAN: The artificate has State or item	2	EXAMINER? 1X YES 2 □ NO	HOSPITAL:
CLIAN CLIAN the the the	ΥS		1   Inpetient 2   El
NG PHYSI NG PHYSI tter this co eath with t	H H	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,
After the death of mark	B	1 Netural 5 Pending 2 Accident Investigation	08/04/
S A A E		3 Suicide 8 Could not be	28e, PLACE OF II
OR ATTEN DIRECTOR nours after tem 28	區	4 Homicide datarmined	building, etc
OR A DR A DUIS	ių i	29e. CERTIFIER	
A PE	AP	(Check only   CEHTIFYING PHYSIC	
DIVISION THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR: De filed within 72 hours after IMPORTANT: If Item 28 is	TO BE COMPLETE	one) 2 MEDICAL EXAMINER	: On the beale of exem
TA WHE	0	29b. SIGNATURE AND TITLE OF CERTIFIER	
THE SE	8	1 Complet & 1.7.	4 000
2 6 3 ₹	2	30 NAME AND ADDRESS OF STREET	N IND
		30. NAME AND ADDRESS OF PERSON WHO	
_ 1 _ 1		DOWALD GLURIGHT	
10	1	31. DATE FILED (Month, Pay, Year) 5 101	32. REGISTRANT
		MILE 0 10	31 JUNE

. DECEDENT'S NAME (First, Middle, L ANTOINE	nst)	CR	RAWFO	RD			2. DATE	OF DEATH	0°4	GEAR	3. TIME OF DEATH 5:50 A
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last 20	birthday) #	UNDER 1 YE	EAR IF UNI	ER 24 HRS.	7 DATE	F BIRTH		a. BIRTH Count	IPLACE (State or Foreign Baltimore
a. FACILITY NAME (If not institution, g	ive street end number)		96		WN OR LOCAL		ATH			UNTY OF D	
DESIDENCE OF DECEDENT					omer.						10d. INSIDE CITY
Do. STREET AND NUMBER 622	Edgewood	1 C+ D						LIMITS?			
										"EUS?	HAT COUNTRY?
Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 THING	NED O	13. WAS If ye 1	DECENDENT s, speeds Cu YES Z N	OF HISPANI ben, Maxicen O Specify:	IIC ORIGIN n, Puerlo R	(Specify icen, etc.)	Yes or No-	Black	- American Indien, t, White, atc.
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed) College (1-4 or 5 +)	(Give	EDENT'S USU e kind of work Do NOT use red ieta:	JSUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY or related.)  BYY HOSPITAL							
FATHER'S NAME (First, Middle, Last)	Ronald Cr	awford			18. MC	THER'S NAM	ME (First, M		en Surneme)	_	
a. INFORMANT'S NAME (Type/Print)			MAILING ADI	DRESS (Sh	reet and Numi	per or Rumil Pa	loute Numb	er. City or 1			ara BArdne
Barbara BAr	4		62	22 E	dgew	ood S	St.	I	Balto	. Mc	1 21229
205 ARTHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify)			WY Cat	sposition the d	N(Neme of ral		BATE	8 <sup>20c.</sup>	Balt		
SIGNATURE OF UNERAL SERVICE	s M	ato	$\supset$	1	701	Laure	ens	st.			forton & S
3. PART I. Enter the diseases, shock or heart fellu AMEDIATE CAUSE (Final Issesse or condition esulting in deeth)	. MULTIA	e on esch line.	URIES		mode of d	ying, such	as cerdi	ec or res	spiratory sr	rrest,	Approximate interval Between Onset and Death
equentielly list conditions, sny, leeding to immediate suse. Enter UNDERLYING	b	OR AS A CONSEOU	JENCE OF):								
AUSE (Disease or injury let initiated events esuiting in death) LAST	c. DUE TO (C	OR AS A CONSEQU	JENCE OF):								
ART II. Other algorificent condit	lons contributing to d	eeth but not res	sulting in th	e under	lying cause	given in F	Part I.	PERF	AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?					8. PLACE OF	DEATH (Chec	ck only one				
1X YES 2 NO	HOSPITAL: 1   Inpetient 2   I		DOA 4 D			- T			UBLI		REET
1 Netural 5 Pending 2 Accident investigation	(Month, Day,	Year)	5:34A		WORK?				R IN		O ACCIDEN
3 Suicide 8 Could not a datarmined			LIC S				28f. LOCA	TION (Street Town, State	t and Number	v or Rural Ro	oute Number,
CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of m	y knowledge, deati	h occurred at	the time,	date end plac	e, end due to	o the ceus	e(s) end m	anner ee sta	ited.	IVE

. DECEDENT'S NAME (First, Middle, Lest)

9s. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

717 E. 41st Street

ALA.

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

1991

9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH 08 01

7. DATE OF BIRTH (Month, Day, Year) 7/19/33

111 Penn Street, Baltimore Maryland 21201

O 1

Md. 10e. STREET AND NUMBER

UNERAL DIRECTOR

Ellis

4. SOCIAL SECURITY NUMBER

219 28 1406

Cook

YRS.

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Balto,

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATN

Baltimore City

101. ZIP CODE

21218

6. AGE (In yrs. lest birthday)

58

1 M 2 F

Street

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Julia Savidson-Rondoses

MARIO F-

3. TIME OF DEATH

10d. INSIDE CITY
XX LIMITS?
1 YES 2 NO

AM

7:18

8. BIRTNPLACE (State or Foreign

	1	Pages
		per in
<b>BALTIMORE, MARYLAND 21215-0020</b>	equires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages of Health and Mental Hygiene prior to burial, cremation, or removal.
Ë,	lay be	page
MOF	ge 6 m	lirector.
E	ith. Pa	neral d
BAI	er dea	the full
	irs aft	In by
	24 hor	filled on. or
0,	vithin 2	en signed by the attending physician and completely filled in by the fu of Health and Mental Hygiene prior to bunal, cremation, or removal.
RECORDS, P.O. BOX 68760,	between v	d com
9 ×	exec	to bu
0	ite be	ysicia
<u>.</u>	rtifica	d bh
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Ś	deal	Aemta.
2	at the	by th
Ö	S this	alth :
E	equire	en sig

DIVISION OF VITAL

BY FUN	11. MARITAL STATUS 1 Never Married 2 Narried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	13. WAS DECENDENT OF It yes, specify Cuban, 1 YES 2 1 100	DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— a, specify Cuban, Maxican, Puarto Rican, etc.)  14. RACE — American Indian, Black, White, atc.  Specify:  Black						
once. COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	(Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during most of working pretired.)  nter	10	6b. KIND OF BUSINESS/INDU	STRY			
111	17. FATNER'S NAME (First, Middle, Lest) Rance G1	cace		18. MOTNE	R'S NAME (First	Middle, Maiden Surname)				
TO BE	199. INFORMANT'S NAME (Type/Print) Willise (	Cook	19b. MAILING 717	ADDRESS (Street and Number of E. 41st St	Rural Route Nu	mber, City or Town, State, Zip C	212 (	8		
must be	20s. METNOD OF DISPOSITION 1 September 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of consular).  20b. PLACE AND DATE OF DISPOSITION (Name of consular).  20c. LOCATION — City or Town, State Consular place).									
over the control of t	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE A Mu	ortan	James A. 1701 Laur	Morto rens S	on & Sons		Md. 21217		
ocen, me medical	23. PART I. Enter the diseases, or ahock, or heert feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	APPERIOSCI	ech line.	CARDIOVASC			nt,	Approximate Interval Between Onsat and Deeth		
RTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
MEDICAL CE	PART II. Other algnificant condition	ne contributing to deeth b	ut not resulting in	the underlying cause giv	ren in Part I.	24a. WAS AN AUTOPSY PERFORMED?	COL	RE AUTOPSY FINDINGS I/LABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA	TN (Check only o	PARTIAL ONE)				
BY PHYS	1 X YES 2 NO  27. MANNER OF DEATN  1. Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outp  26a. DATE OF INJURY (Month, Day, Year)	atlent 3 DOA 28b. TIME INJU	OF 28c, INJURY AT	28d. DE	ner (Specify) ESCRIBE NOW INJURY OCCU	RED			
E C	3 Suicide 6 Could not be 4 Nomicide datermined	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, str ify)		26t. LO	CATION (Street and Number of y or Town, State)	Rural Route	Number,		
COMPLET	2 MEDICAL EXAMIN	BICIAN: To the best of my knowless: On the basis of examination	ledge, death occurred	at the time, date and place, as	nd due to the ci	ause(a) and manner as stated to and place, and due to the	cause(a) and	d manner as stated,		
O BE CO!	AND THE OF CERTIFIE	Salle A	nd	29c. LICENS	SE NUMBER		O 1 1	nth, Day, Year)		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate Desected within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR RUSSell	STATE OF MARYLA		MENT OF H		MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	-/ ,				2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577–42–9823	5. SEX 6. AGE (	in yrs. lest birthdey) 77 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURIL MIN.  OR LOCATION OF DI	7. DATE (Mont Dec	of BIRTH h, Day, Year) 23,1		6. BIRTH Count Mis	NPLACE (State or Foreign ny) Sissippi
TOR	98. FACILITY NAME (If not institution, give standard Stan	EATN		9c. cour Mont	tgom					
DIRECTOR	10a. STATE 10b. COUNTY	gomery		town or Local						10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3806-Woodbine St	3806-Woodbine Street								WHAT COUNTRY? States
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	ENDENT OF NISPAI ecity Cuban, Mexics 2700 Specif	in, Puerto		e or No-	Blac	E — American Indian, k, White, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		16a. DECEDENT'S L (Give kind of w Wa. Do NOT use Preside	ork done during mo retired.)	ON st of working		Sulphu			ute
OM	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA		44			
	Oscar Willis	Coleman			Alice					
) BE	19a. INFORMANT'S NAME (Type/Print)	and Number or Rural			vn, State, Zip	Code)				
10	Laura B. Coleman	(wife)	3806-W	bodbine	St.,Che	vy C	hase,M	aryla	and	20815
	20s. METNOO OF OISPOSITION 1	metery, crematory or	Washington, D.C.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Alacke Lo Belonge  22. NAME AND ADDRESS OF FACILITY  J. William Lee's Sons Company Funeral Home  300-4th St., NE, Washington, DC 20002-5816									
CERTIFICATION	IMMEDIATE CAUSE (Fine)	b. DUE TO (OR AS A DUE TO (OR	ach line.				uiec or resp	nratory en		Approximate interval Between Onset and Death 20
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  2 44. WAS AN AUTOPSY PERFORMEO?  1 YES 2 1 HO  OF COMMON TO THE STATE OF THE STA									b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	neck only o	ne)			
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA	OTHER: 4   Nursing Hon	ne 5 🗆 Rasidenca	6 🗆 Oth	er (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATN  1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT ORK? YES 2 NO	_	SCRIBE NOW	INJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	/ — A1 home, ferm, s clly)	treet, factory, offic	00	261. LO C/h	CATION (Street or Town, State	and Number	r or Rural	Route Number,
COMPLETED	one)	CICIAN: To the best of my know ER: On the basis of exemination								a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	n. Jone	enno		29c. LICENSE NU		5			D (Month, Day, Year)
Ė	30. NAME AND ADDRESS OF PERSON WH	N. JONES,	ATN (ITEM 27) (Type,	Print) 09 VIEC.	HI RA	1. 1	Pocks	rille,	Ma	20851
	31. DATE FILEO (Month, Day, Year)  AIIG 5 1991	2. REGISTRAR'S SIGN	Randa 12							

BALTIMORE, MARYLAND 21215-0020 RECORDS, P.O. BOX 68760, certificate h the Stat d, or ite HOSPITAL OR ATTENDING PHYSICIAN:

DIVISION OF VITAL

L DIRECTOR: After this cell hours after death with the litem 28 is marked, it

FUNERAL I

TO THE HOSPITA
TO THE FUNERA
De filed within 7.

31. DATE FILED (Month, Day, Year)

1991

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Sician.	fal-fransif nermit Pan		
tal or attending phy	for use as the bur		
ained by the hospi	should be detected		ified at once
Page 6 may be ret	director, page 5 s		er must be not
ours after death. I	In by the funeral	or removal.	nedical examin
cuted within 24 n	id completely filled	vurial, cremation, o	tic event, the r
r certificate be exe	nding physician ar	Hygiene prior to t	or other trauma
ures that the ueat	signed by the atte	Health and Mental	em 23 shows any Injury, or other traumati
the law red	te has been	ite Dept. of	em 23 sho

91 21142 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 07 DERRICK DEBNAN 26° 1991 R. 1:42 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6-13-1958 8. BIRTHPLACE (State or Foreign 213-76-7091 1 X M 2 T F MONTHS DAYS HOURS Md 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR MEDICAL CENTER BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 103 Larue Square Street 21225 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. t Never Married 2 Married If yes, specify Cuban, Maxican, Puarto R

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES B₹ 3 Widowed 4 Divorced **Black** COMPLETED 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade compl 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) 12th College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Russell Debnam Gladys Newsome ш m 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Debnan **Gladys** 103 Larue Square South Baltimore Md 21225 20a. METHOD OF DISPOSITION

1 VI Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION - City or Town, State Cedar Hill Cenetery 8391 Anne Arundel Co, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Illa March F/H 4300 Wabash Avenue 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate ahock, or heert failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition resulting in death) COCAINE INTOXICATION DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS SICKLE CELL **AMAILABLE PRIOR TO** COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 VES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) HOSPITAL 1 X YES 2 NO 1 Inpatient 2 ER/Outpatient DOA 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) FOUND: 7/26 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation /91 UNKNOWN 8 1 YES 2 NO SUBJECT INGESTED DRUGS 2 Accident 28a. PLACE OF INJURY — At home, larm, street, lactory, offica building, atc. (Specify) 3 Sulcide COMPLETED 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🗌 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(e) and manner as stated. 2 September 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ▶7-26-1991 OCME 2

PLE EO CAUSE OF DEATH (ITEM 27) (Type, Print)

12. REGISTBAR'S SIGNATURE

DHMH-16 Ray 1/89

111 N. PENN STREET BALTIMORE, MARYLAND 2120

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	me acrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR OUT TO THE GRANT THE law requires that the death certificate be executed within 2	TO THE FUNERAL DIFFERENCE ALL THE SENTIFICATE has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, crematic	IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) Alice Emma Everist				2. DATE OF DEATH YEAR 2:00		
	218-22-2507 1 D M 2 H F	AGE (In yrs. lest birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BIRTH County Ba.	PLACE (State or Foreign
TOR	98. FACILITY NAME (# not institution, give street and number)  98. CITY, TOWN OR LOCATION OF DEA  8301 Pulaski Hwy.  Baltimore, Maryl					Baltimo	
FUNERAL DIRECTOR	Maryland Baltimore		10c. CITY, TOWN OR LOCATION  Baltimore, Maryland		đ		10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAI	16. STREET AND NUMBER 8301 Pulaski Hwy.		101. ZIP CODE 21237		U.S.A		• COUNTRY?
B	11. MARITAL STATUS  1 Never Married  2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (	YES 2 NO	NO If yes, specify Cuban, Maxican		n, Puarto Ricen, atc.)  Black, White, etc.  Specify:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4 or 8+)	(Give kind of life. Do NOT u	S USUAL OCCUPATION Work done during misse retired.)	ost of working	186. KINO OF BUSIN	vess/industry	
COM	17. FATHER'S NAME (First, Middle, Last) Fred Blakeney	110000	0-1	18. MOTHER'S NAM	ME (First, Middle, Maiden Sun Mary Amos	umame)	
TO BE	190. INFORMANT'S NAME (Type/Print) Bill G. Lilly	1		and Number or Rural R	Soute Number, City or Town,	State, Zip Code)	
	20e. METHOD OF OISPOSITION 1 METHOD OF OISPOSITION 1 METHOD OF OISPOSITION 1 METHOD OF OISPOSITION	200 PLACE AND DAT	8301 Pulaski Hwy. Ba ACE AND DATE OF DISPOSITION (Name etary, crematory or other place) rdens of Faith Cem. 8/		DATE SON LOCATION Church Town Chat		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Gardens	22. NAME A	ND ADDRESS OF FAC	TOMO HOMO		
	23. PART I. Enter the diseases, or complications that ca	used the death. De			Road Balto		21236
z	shock, or heart failure. List only one cause of iMMEDIATE CAUSE (Final disease or condition resulting in death)	on aach lina.	YOCA		LINF	-5.4.0.0000	intarvai Between
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	AS A CONSEQUENCE C	s Y	hell	itus.		
	resulting in death) LAST						
MEDICAL	PART II. Other significant conditions contributing to dea	ith but not resulting	in the underlying	ng cause given in	Part i. 24a. WAS AN AI PERFORM  1 1 YES 2	IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 21 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. 1	LACE OF DEATH (Che	eck only one)		
IYSIC	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  286. DATE OF INJURY  286. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURSO						
ВУ РЬ	1 Natural 5 Pending (Month, Day, 1) 2 Accident Investigation	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO					
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)				281. LOCATION (Street an City or Town, State)	d Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of axami				a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		_	DIT	728	≥ 29d. DATE SIGNED	30 /9/
ТО	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	OF OEATH (ITEM 27) (Typ	e, Print)		8a 80:	Yin Oung, 22 Belair	M.D.P.A.
	31. DATE FILED (Month, Day, Year) AUG 5 1991  32. REDISTRAR'S SIGNATURE AUG 5 1991  32. REDISTRAR'S SIGNATURE Baltimore, MD 21236  Baltimore, MD 21236						21236

SONDS, F.O. BOA 13146, BALLIMONE, MANICAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mind in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.C. BOX 13146,	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any inj

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN		1 21149
	1. DECEDENT'S NAME (First, Middle, Learn BEVERLY		RT		2. DATE OF DEATH	AY 91	3. TIME OF DEATH 218Pm
OR.	4. SOCIAL SECURITY NUMBER 212.36.0087	6. SEX 1 M 2 X F 6. AGE (In yrs. lest	VRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	)	IRTHPLACE (State or Foreign ountry)
	99. FACILITY NAME, (If not ligatilation, give  ST. JUSE!  RESIDENCE OF DECEMENT	H HUSPITAL YORK	KRD TAW.	OR LOCATION OF DE	ATH	9c. COUNTY C	
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LOC	Itimore C	ity	- 15	10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3313. Lerch Drive		1	DI. ZIP CODE	214		of what country? ed States
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	□ Never Merried 2 Merried FORCES? 1 □ YES 2 NO IF YES, GIVE WAR OR DATES		1 VES 2 00 NO Specific Specific		RACE — American Indien, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12	College (1-4 or 5 +) (GA	CEDENT'S USUAL OCCUPATIVE kind of work done during r. Do NOT use retired.)	ION nost of working	16b. KIND OF BU	SINESS/INDUST	ŧv
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles R. Teague			Dor		Li	naburg
7	190. INFORMANT'S NAME (Type/Print) Charles W. Fl	ayhart :	3313 Lerch	Orive Ba	ltimore, M	laryland	21214
	20e. METHOD OF DISPOSITION  1	novel from State Hill	top Service	Corp. 8	/2/91 To	WSON — City	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J. Khight Jr  22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214  Leonard J. Ruck, Inc. 5305 Harford Road						
	23. PART I. Entar tha diseases, a shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the dar. List only one stuse on each line.  s	of Lu	ode of dying, suc	h sa cardiec or reap	iretory arreat,	Approximeta Interval Batwean Onset and Death
CERTIFICATION	Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. d.						
MEDICAL		ans contributing to death but not in		ng cauee given in	Part I. 24e, WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 6 Residence 6 Other (Specify)						
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 26c. I	NJURY AT YORK?  YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURE	:D
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ural Route Number,		
COMPLETED	000)	SICIAN: To the best of my knowledge, dea IER: On the beele of examination end/or in					use(e) end menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFI	-Inthicum W		D318		29d. DATE SIG	NED (Month, Day, Year)
	1 1	THO COMPLETED CAUSE OF DEATH (ITEM	ant dose	ph Hosp	ST OF	H V	Ud.
	AUG 5 19	91 32. REGISTRAR'S SIGNATURE Julia Davidson-1	fandalli				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The iaw requires that the death certificate be executed within 24 hours after deat	PRAI DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun
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1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	91 2114
1. DECEDENT'S NAME (First, Middle, La	Barbara T.		4	2. DATE OF DEATH MONTH 8-1-1991	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-14-1336  98. FACILITY NAME (If not institution, gh	1 - M 2 12 F 6	7 YRS. MO	UNDER 1 YEAR   IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.  I. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Morth, Day, Year) 9-18-1923	8. BIRTHPLACE (State or Foreign Country) Maryland
1020 Chesac	o Ave.	90	Balto.,	DEATH 9c.	Balto.,
Md.	Baltimore		own on Location Baltimore		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1020 Ches	aco Ave.		10f. ZIP COOE 21237	10g	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 TYES 2 NO Specific		o- 14. RACE - American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of work life. Do NOT use no Binde)	done during most of working tired.)	16b. KIND OF BUSINES	
17. FATHER'S NAME (First, Middle, Last) Micheal J. (		2211001	16. MOTHER'S	NAME (First, Middle, Melden Sums	
190. INFORMANT'S NAME (Type/Print) Mr. James W. ]	Foard		Chesaco Ave		
20s. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 R  4 Donation 5 Other (Specify)	lemoval from Btate	b. PLACE AND DATE OF		DATE 20c. LOCATIO	ON — City or Town, State
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS OF Hartley N	FACILITY   iller Funer	
23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	s. Mut	ech line.	enter the mode of dying, et		Interval Betwee
Sequentielly list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury thet initieted events resulting in deeth) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):			
PART II. Other significant condi	tions contributing to deeth i	but not resulting in t	the underlying ceuse given	In Part I. 24e. WAS AN AUTO PERFORMED 1 YES 2   1	7 AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Out		THER:		
27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y 28c. INJURY AT WORK? M 1 \( \text{Y YES} \) 2 \( \text{NO} \) NO	28d, DESCRIBE HOW INJUR	Y OCCURED
3 Suicide 6 Could not 4 Homicide determined	building, atc. (Soe	Y — At home, farm, stre	et, factory, office	281. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,
	HYSICIAN: To the best of my know				se stated. s to the cause(s) and manner es stated.
29b. SIGNATURE AND TITLE OF CERT			29c. LICENSE N		d. DATE SIGNEO (Month, Day, Year)
30. NAME AND AGORESS OF PERSON	WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Pr 4048	astein Bluch	2021)	45/5/

permit. Pages 1, 2, 3 should

IN THE PARTY OF THE STATE OF TH	TO THE FLINE PROPERTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ti	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	consequently at the All is made an item of about a contract of the median according to mailing a contract of
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELORENCE MONTH 8 FITZ NUGH YEAR 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. Maryland 218 353 10 9e. FACILITY NAME (If not institution, ga 9c. COUNTY OF DEATH Union Memoria lto. Hos C. Ts DIRECTOR Yium. RESIDENCE OF DECEDENT 10b. COUNT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION Crain we 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14 21212 5610 YORK ROAD 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, etc. If yes, specify Cube 1 Never Merried 2 Merried Specify: ВУ 3 Vidowed 4 Divorced WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Flementary/Secondary (0-12) College (1-4 or 5 +) AN ANXEXPENDE SEAMSTRESS 8TH CLOTHING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) ERNEST PETERSON SUSIE REDMON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 P.O. Box 492, Hunt Valley, Md. JOAN HOPKINS 21030 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State 1 Donation 8 Other (Specify) BALTIMORE, PARKWOOD CEMETERY MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME Lec 3818 ROLAND AVENUE, BALTO., MD. 21211 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in deeth) SCU Ô DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 DAO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 8 - Residence 8 - Other (Specify) 4 🗌 Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the 29h. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 9

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

lined by the hospital or attending physician.	hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should		flied at once.
ICIAN; The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	orked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the	O THE FUNERAL DIRECTOR: After this certificate has been signed by	he filed within 72 hours after death with the State Dept. of Health and	is m

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 08 11.25 Pm moorie 1991 irginia 01 SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Pay, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign -37 D 1 M 2 M CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8 ours DIRECTOR 190 RG RESIDENCE OF DECEDENT BAT LOCATION STATE 10b. COUNTY 10d. INSIDE CITY YLC O umor 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 16g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE S 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, atc. If yes, specify Cuban. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) COMPLET entary/Secondary (0-12) College (1-4 or 5+) isablea 1245 12th grade 17. FATHER'S NAME Plist, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Unk The Dowola BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No 2 ame mo 2/223 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation
4 Donatte 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Removat from State Catorsville, Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY F. H E North March Aue E. 1101 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ae cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition days lspiratory reauiting in death) QUE TO (OR AS A CONSEQUENCE OF) ulmenary diseaser ( LUV) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO Alechohim 3) (emustics waw COMPLETION OF CAUSE 1 TYES 2 NO Pull momia řode 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 6 Residence 6 Other (Specify) 1 YES 2 NO lient 2 - ER/Outpatient 3 - DOA 26a. DATE OF INJURY (Month, Day, Year) 26c. (NJURY AT WORK? 27. MANNER OF DEATH 266. TIME OF 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation BY 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homtoide determined 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beala of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D18455 0 191 2 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balhman Jus -SUJETA SAPSIN TOD 4021223 1910-14 0 Muxte 199 P2. REGISTRATS SIGNATURE 31. DATE FILED (M O AUG 95

TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTI be filed within 72 hours at IMPORTANT; If Item 2

TO BE

AND TITLE OF CERTIF

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31. DATE FIVED (Month, Day, Year)

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

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DR ATTENDING PHYSICIAN: THE RAW TEQUITES THAT THE DESCRIPTION OF THE PROPERTY OF THE PHYSICIAN OF ALL PHYSICIAN OF THE PHYSICIAN OF ALL PHYSICIAN OF THE PHYSICIAN OF ALL PHYSIC	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits	P de	them 20 is marked or them 22 shows any injury or other traumatic event the madical evaminer must be notified at once
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21148 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1991 Herbert Gore, Sr 8 Month Den Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR DAYS S.C. 1 M 2 - F 66 251-05-7617 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 603 N. Denison Street Baltimorg DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore 1 X YES 2 ND FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 603 N. Denison Street 21229 USA WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 ND Specify: 1 Never Merried 2 Married BY 3 Widowed 4 Divorced black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) A.P. Warehouse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Grice William Gore BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zio Code) 2 Denison Street. Baltimore, Md Ruby Gore 603 N. 21229 20s. METHOD OF DISPOSITION
1 | Burlel 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Baltimore National Cemetery Baltimore, Md 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H west 4300\_ Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, abock, or heart failure. List only Dny bause on each line. Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Final ses tate disease or condition mus 7. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO PART II. Other significent conditions contributing to death but not reculting in the underlying cause given in Part I. PHYSICIAN: MEDICAL COMPLETION DF CAUSE 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 8 - Other (Specify) 4 - Nursing Home 28e. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offic building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. rele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee atated.

29c. LICENSE NUMBER

DHMH-18 Rev 1/89

29d. DATE SIGNED (Mgfith, Day, Year)

1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN		21149
1. DECEDENT'S NAME (First, Middle, i	Last)				2. DATE OF DEATH		3. TIME OF DEATH
DORIS R GRAN	IGER				08 0	3 91	
4. SOCIAL SECURITY NUMBER	The state of the s	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)
215-03-6823	1 M 2 F	73 YRS.	MONTHS DAYS	HOURS MIN.	02/24/1		Maryland
9s. FACILITY NAME (If not institution,			9b. CITY, TOWN (	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
GREATER BALTIMO	RE MEDICAL CEN	NTER	TOWSON	1		BALTI	MORE
10e. STATE 10b. CO		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
	ALTIMORE	TOV	VSON				LIMITS?
10e. STREET AND NUMBER			101	ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?
305 E. JOPPA RO				21204		U.S	.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR (	2 XNO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexical 2 XNO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No— 14. RA Blu Spi	CE — American Indian, ack, White, etc. ach: White
15, DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S U	ISUAL OCCUPATION OF A CONTROL O	ON .	18b. KIND OF BU	SINESS/INOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)	st or working			
Unknown			Hairdr	esser			
17. FATHER'S NAME (First, Middle, Last					ME (First, Middle, Maiden		
William H  19e. INFORMANT'S NAME (Type/Print)	. Roeth				illye Mal		
Mr. Robert Roe	- h				Route Number, City or Tow		
20s. METHOD OF DISPOSITION	201	D. PLACEAND DATE OF	ussex R		timore, MD		
1 September 2 Cremetion 3 1 4 Donetion 5 Other (Specify)	Removal from State Cel	netery, cremetory or other	er plece)	me or		CATION — City or	
21. SIGNATURE OF PUNERAL SERVICE	E LICENSEE	OUGTAWN C	22. NAME AN	D ADDRESS OF FAC	CILITY	odlawn,	
Starle	more	when			Funeral D		
23. PART I. Enter the diseases,	or complications that cause	d the death. Do an	8728	Liberty I	Road Randa	11stown	MD 21133
shock, or heart felk IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CHRONIC O	iach lina.	E LUNG		i we cardisc bi Teap	matory arrest,	Approximata interval Batween Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):					
PART II. Other significant condi	tions contributing to death b	out not resulting in	the underlying	causa givan in i	Part I. 24a. WAS AN	ALITTOPSV 24	b. WERE AUTOPSY FINDINGS
					PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)		
1   YES 2   10	1 Inpetient 2 ER/Out		OTHER:      Nursing Home	5 - Raeidence	6 ☐ Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigati		28b. TIME INJUR	M 1 TY	RK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
3 Suicide 8 Could not determine		— At home, farm, str cify)	eet, factory, offica		28t. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	IYSICIAN: To the best of my know MINER: On the besis of exemination	ledge, death occurred n end/or investigation,	at the time, date	end place, end due t	to the cause(e) and mer	nner as stated, d dus to the ceuse	(e) end manner ee stated.
29b. SIONATURE AND TITLE OF CERT.	edou 71	) •		DIZ7	32,	≥ 8/3	9/
		60 Ker	milw	orth Di	nive Ba	UPO N	d. 21204
AUG 5 199	Julia Davidson	- Handell					

TO THE HOSPITAL OR ATTENDING PENSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after exem with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28. marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TAK TRA 37613 DR. DREMAKIE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours	DIRECTOR Above this services to be been closed by the secondary of services and considered and
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2	JR 4	Jack
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	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	MENIAL III	G. NO.	- (	139
	1. DECEDENT'S NAME (First, Middle, Leet)		7		2. DATE OF DE	ATH		3. TIME OF DEATN
2	JOHN LAWRENCE GREEN, J	JR.			MONTH	OTAY	QYEAR	1855 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 213-20-5723 12 M 2 F 63	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIJH.	7. DATE OF BIR (Month, Day,		8. BIRTHP Country)	LACE (State or Foreign
	a. c.c	10,	01-0777/-		APRIL 2	28,1928		TIMORE
O. B.	UNIVERSITY OF MD HOSPITAL (St.	ock) auma)	BALTI	MORE.	DEATH	9c. COU	INTY OF DE	ATN
I I	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		Y, TOWN OR LOCA					
DIRECTOR	MARYLAND BALTIMORE		LTIMORE	(ROSED	ALE)			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2123 SUMMIT AVENUE		10	1. ZIP CODE 2123	7	1000	J.S.A.	IAT COUNTRY?
5	11 MADITAL STATUS	J.S.ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Spec	cify Yes or No		- American Indian,
BY	1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2 NO	If yea, sp	ecify Cuban, Mexic 2 NO Spec	an, Puarte Rican, e	etc.)	Biack, Specify	White, atc.
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	ISa. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/INI	DUSTRY	WILLE .
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	IIIa. Do NOT us	se retired.)	ost or working	1 124			
OMF	11TH GRADE  17. FATNER'S NAME (First, Middle, Leet)	MACHIN	IST			RICAN CA	N MFC	3.
	JOHN L. GREEN, SR.				AME (First, Middle, I	-	7	
O BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a				Code)	
5	JOAN FRONCKOSKI	408 F	OLSOM ST	TREET,	BALTIMOR	RE, MD.	21230	)
	1 2 Buriar 2 Cremation 3 Hamoval from Stale   camel	ery cremetory or o	of disposition (Na ther place) K CEMETE			P.A.T. FETALO		n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DUN PAR	22. NAME AN	D ADDRESS OF F	ACILITY	BALTIMO	)KE	
	· Chinopan H. Miles				RAL HOME AVENUE.		RE. M	D. 21229
	23. PART I. Enter the diseases, or complications that caused t shock, or heert fallure. List only one cause on each	he deeth. Do r	ot enter the mo	de of dying, au	ch as cerdlec or	respiratory an	rest,	Approximate
	IMMEDIATE CAUSE (Finel disease or condition	iii iiiie.						Onset and Death
	resulting in death)  a. DUE TO (OR AS A C	orest	wato	44	allu	10		
z		A			H.	,		
NTIO	Sequentially list conditions, if any, leading to immediate	ONSEQUENCE OF	1					
FIC	CAUSE. (Disease or Injury that initiated events DUE TO (OR AS A C	Q La	lue					
CERTIFICATION	resulting in deeth) LAST	ONSEODENCE OF	.).					
	PART II. Other significent conditions contributing to deeth but							+
MEDICAL	Other magnificent conditions contributing to deem but	not resulting i	n the underlying	g cause given in	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	- A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
Ē					- 17	rES 2 NO	0	OMPLETION OF CAUSE F DEATH?
ž							1	YES 2 NO
S N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PL	ACE OF DEATH (C	neck anly one)			
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Oulpati	ant 3 🗆 DOA	OTHER: 4 - Nursing Home	e 5 🗆 Realdence	8 Other (Specif	(y)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28b. TIMI		RK?	28d. DEŞCRIBE I	NOW INJURY OCC	CURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	treet, factory, office		28f. LOCATION (S City or Town,	Street and Number State)	or Rural Rou	te Number,
<u> </u>	20. OFFICE							
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowled one)  2 MEDICAL EXAMINER: On the best of axamination a	ge, death occurre nd/or inveatigation	d at the time, data n, in my opinion, de	and place, and dur with occured at the	to the cause(a) and time, date and ple	nd manner ea stat ice, and due to Jh	ed. a cause(e) a	nd menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Muan Wyngaarden / Tra	auma	Fellow	29c. LICENSE NU	MBER	29d. DATE	E SIGNED (M	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		Print)	Shor	k/Tro	VIIDA	Y	/ 1.
	31. DATE FILED (Month, Digy, Year) 32. REGISTRAR'S SIGNATU	IDE	4		-/:10	ru me	1	
	aug 1/91. AUG 5 1991	Julia L	avidson-13	undatte.				

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is event, the medical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, one medical examiner must be notified at once.	
of common or removal.	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to but a security or removal.	
is complished at In by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and continued at in the funeral director, page 5 should be detached it	7
cuted within your after death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within virs after death. Page 6 may be retained by the hospita	4

31. DATE FILED (Month, Day, AUG 5

1991

FOR	STATE OF MARYLA	ND / DEDARTM	ENT OF U	EAITH AND A	AENITAL N	IVCIENE	91	21151
1 - STATE REGISTRAR	SIAIE UP MIANTLA	CERTIFIC				EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Gis	3BS			2. DATE OF	DEATH DAY	YEAR	TIME OF DEATH
VIRGINIH			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	- 31-1		ACE (State or Foreign
			NTHS DAYS	HOURS MIN.	(Month, De		Berli	
90. FACILITY NAME (If not institution, give stree	alth Care C		-	R LOCATION OF DE	ATH		lonta	
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNTY Mo	ntgomery	1000 011 11	own or Locat ethesd					Od. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 5721, Grosvenor	Lane Bet	herda m		ZIP CODE		10g. CI		AT COUNTRY?
	2. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (S	pecify Yea or No-	U.S.F	- American Indian.
1 Never Merried 2 Merried 3 ∑ Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, spe	2 NO Specify	n, Puerto Rice	n, etc.)	Black, V	White
15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	N st of working	18b. KIP	ND OF BUSINESS/IN	IDUSTRY	
12	College (1-4 or 8+)	Home M	aker			Own Hom	e	
17. FATHER'S NAME (First, Middle, Last)			3.	18. MOTHER'S NAI	ME (First, Midd	lle, Maiden Surname)		
Unknown				Uì	nknown			
19e. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street a	nd Number or Rural F	loute Number,	City or Town, State, 2	(ip Code)	20002
William Gillespie		120	2 East	Capitol	St.,	N.E., Wa	shingt	ton, DC
20e. METHOD OF DISPOSITION  1  Buriel 2XXCremetion 3 Remove 4 Donatton 5 Other (Specify)	al from State	PLACE OF DISPOSITION Other place) William	ON (Name of cer	netery, crematory or		Washing	- City or Town	n, State
21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AN	ID ADDRESS OF FAC	CILITY			
How SV.	Maso	_		lliam Led th St.,N				
23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis IMMEDIATE CAUSE (Finel			enter the mo	da of dying, suci	h as cardied	or respiratory s	rrest,	Approximate interval Between Onset and Deeti
disease or condition resulting in daeth)	aute	consequence of:	may	anes	<i>†</i>			17/21/91
Sequentially list conditions,	act a	sperten	Pou	umite	>			7/30/9
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						1200
CAUSE (Disease or injury	PUE TO (OR AS A	CONSEQUENCE OF):						1485
that initiated events resulting in death) LAST	CVA	oonocaochoc or j.						1985
PART II. Other significant conditions	contributing to death bu	it not resulting in t	he underlyine	ceuse given in	Part I. 24	a. WAS AN AUTOPS	y 24b. W	VERE AUTOPSY FINDINGS
CAD			,			PERFORMED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					-		1	YES 2 TO NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	15	26. PL	ACE OF DEATH (Ch	eck only one)			
1 TYES 2 THO	☐ Inpatient 2 ☐ ER/Outpa	itlent 3 DOA 4	Nursing Horr	e 5 🗆 Residence	8 Other (S	pecify)		
27. MANNER OF DEATH  1  Netural 5  Pending 2  Accident Investigation	(Month, Day, Year)	28b. TIME O	Y WC	URY AT HRK? YES 2 [] NO	28d. DESCR	IBE HOW INJURY O	CCURED	
2 Accident arrestigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	At home, farm, stre-	et, factory, offic		28f. LOCATION OF T	ON (Street end Numb fown, State)	per or Rural Roo	ite Number,
one)	AN: To the best of my knowled On the bests of examination							and menner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	ZITMO			29c. LICENSE NUM	ABER	29d. De	1 - 1	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (Time Co	(nt)		of 1		1011	-11
G B Potric M III	W) 61771	Colesvill	e RI	57 6	na s	0910		

32 DECISTRAR'S SIGNATURE
Julia Davidson-Randall

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the notating physician.

TO THE FUNERAL DIRECTOR: Attraction are has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)		0.		IOAII		DLA			OF DEATH			3. TIME OF OEATH
	RITTH	. C.	HOF	FACKI	ER				MONTH	ð	2	YEAR	400 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lea	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE (	OF BIRTH , Day, Year)		e. BIRTHP	LACE (State or Foreign
	22505306	1 M 2 % F	81	YRS.	MONTHS	DATS	ноона	mere.	MAI		1910	MA	RYLAND
	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF OE	ATH		9c. COU	NTY OF DE	ATH
DIRECTOR	UNITON MEMORIA	HOSPIT	AT.		BALI	CTMO	RE C	LTY					
티	10s. STATE 10b. COUNT	7		10c. CIT	Y, TOWN						-	- 1	10d. INSIDE CITY
<u>E</u>	Mary Rai	Tonal	2 €		1	RO							LIMITS?
ادِ	10e. STREET AND NUMBER	111101					, ZIP COD	E	_		10a, CIT		HAT COUNTRY?
FUNERAL	STID WALD	0 90	River				2	152	7		(	75	Α.
ž	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR		13.	WAS DEC	ENDENT	OF HISPAN	IC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Married 2 Married		YES 2 LA	40			ecity Cubi		n, Puerto F	tican, etc.)		Black, Specify	White, atc.
BY	3 Widowed 4 Olvorced						,-					WF	TITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S	work done	CCUPATI-	ON ost of world	ng	16b.	KIND OF BU	SINESS/IN	DUSTRY	
١٣	Elementary/Secondary (0-12)	College (1-4 or 5	+) #10	. Do NOT u	se retired.)	-	-						
M	IL/K.			HI	H	an	-						
	17. FATHER'S NAME (First, Middle, Lest)	10117	· k				16. MOT	HER'S NAI	ME (First, A	Aiddle, Malain	Surname)	L	11
8	19s. INFORMANT'S NAME (Type/Print)	OHLLI		h MAII 184	100000	P /Oterant	and Milanka	171	100	W	HLL	101	
2	EAM: IV	5C - 005	19	D. MAILING		s (Street i	na Numbe	O HUMI H	HOUTE NUME	er, City or Tow	m, State, Zi	p Code)	
	20e, METHOD OF DISPOSITION	KIOKIN	20b. PLACE	ANGOAT	AM	OCITION	Homo	HP	DATE	200.10	CATION	City or Tow	un Pândo
-1	154 Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	Cemetary	cremator	y or other	place)	Name	1.0	8-		122	l A l c	(C) (
	21. SIGNATURE OF PUNETUAL SURPOCE LI	CENSEE	- LOPIN	(0)	22.	NAME A	ND ADDRE	SS OF FAC	CILITY	- 00	132 L	0 - 0	1 10.
	100 1	5.			2			JAK.		710	71.10	4127	
	23. PART I. Enter the diseeses, or	None!			5	38c	OH OC	ARF	ORO	KOAC	) - 17	ARK	112
	ahock, or heeft feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	•. A	UP ON BECH HITE O (OR AS A CONSE	hu		1 6	dem	N					Interval Between Onset and Death
ATION	Sequentially liet conditions, if any, leading to immediate Cause Enter INDERLYING	bOUE TO	O (OR AS A CONSE	OUENCE O	OF):				H				
CERTIFICATION	couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST  d.												
	PART II. Other significent condition	ne contribution to	a death but not	an estala a	In the co			alleria ta	D-41			Lan	
MEDICAL			anemi		in the u	ndenyin	g ceuse	given in	Part I.	24a. WAS AN PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	114440000	dian.	00.1.0.110		-				-	1 TYES	NO NO		OF DEATH?
-				-		_	_		-				1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL						1 405 05 1				_		
ᅙ	EXAMINER?	HOSPITAL:			OTHE	R:			eck only on				
PHYSICIAN:	27. MANNER OF DEATH	20s. DATE O	☐ ER/Outpatient 3	26b. TII		_	ne 6 □ R JURY AT	asidence	6 Othe	r (Specify)	IN ILIBA UC	CHREO	
	1 Natural 5 Pending		Day, Year)	IN	JURY	W	YES 2	□ NO	200. 029	CHIBL HOW	moon! oc	CONEO	
B	2 Accident Investigation 3 Suicide 6 Could not be	200. PLACE	OF INJURY At he	ome, farm,	street, fac				26/, LOC	ATION (Street	and Numbe	or or Rumil Ri	oute Number
	4 Homicide 6 Could not be	building	, etc. (Specify)			,,			City	or Town, State	)		11071001,
COMPLETED	29s. CERTIFIER , CERTIFYING PHYS	ICIAN. To the best		anth -		41			100		0000000		
M P	(Check only one) 2 MEDICAL EXAMIN	ICIAN: To the best of											and manner as stated
8						opinion,	,			and place, a			
BE C	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LIC	ENSE NUI	WBER		29d. DA	US 0	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WE MILLIER O. NF6					<i>(1)</i>	LLACO	MAI	00	iem) Les	211	0.00	1
		LEVE, M			CAMIC	サレ	LWIL	HIL	bit	LTO M	0 01	100	
	31. DATE FILA (1967), (197, 1961) 199	JENST!	ATT SIGNATURE	andal	<b>5</b> ,								

THE PERSONAL PROPERTY OF THE PARTY OF

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notified at

RESS OF PERSON WHO COMPLETED CAUSE OF

31. DATE FILED (Month, Day, Year)

Pages 1, 2, 3 should

shoul		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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2	20	₹
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoule be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

91 21153 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1991 EAR 31" E. Heyward Mildred 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. ountry) Md DAYS (Mong - 21-1916 053-14-5332 1 M 2/X F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5566 Elderon Avenue Baltimore DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 | NO Md FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21215 USA 5566 Elderon Avenue 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married specify: Black BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) during most of working (Give kind of work done life. Do NOT use retired.) COMPLET New York School System Elementary/Secondary (0-12) 12th College (1-4 or 5+) Elevator Operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lawrence Braxton Rosanna Bond BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Harold Heyward Avenue 5566 Elderon Baltimore, Md 21215 20b. PLACE AND DATE OF DISPOSITION (Name of cempelary, crematory profiber place) 20c. LOCATION — City or Town, State DATE King Memorial Park 8591 Randallstown, Md 21. SIGNATURG OF FUNGRAL BESTVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate interval Betwe IMMEDIATE CAUSE (Final Onset end Death disease or condition resulting in death) Netostotic ONGESTIVE MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING their her 9 CAUSE (Disease or injury 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST roid PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 TNO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 6 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJUNC TO WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28 Is r 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my know coursed at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of a n, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 296. SIONAPORE AND TIPLE OF CERTIFIES 88 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 075 2 9

DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burdal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF		FICAT		DEA			REG. NO.		1 2115
1. DECEDENT'S NAME (First,	- 44	1 a 11					2. DATE OF MONTH	DEATH DAY	9	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 579-30-13		6. AGE (In yrs. last birthda	MONTHS	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF (Month, D		3	BIRTHPLACE (State or For
The second secon		Retrement town Cent		Y, TOWN	OR LOCAT	ON OF DE	ATH		e. COUNTY	OF DEATH
RESIDENCE OF DEC	EDENT 10b. COUNTY		Ba H		rion					10d. INSIDE CITY LIMITS? 1 YES 2 Y
100. STREET AND NUMBER	RETIREMENT CT	D		10	. ZIP COE	3		1	log. CITtZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divor	12, WAS DECEDE FORCES? IF YES, GIVE	ENT EVER IN U.S. ARMED  1 YES 2 NO WAR OR DATES	13	If yes, sp		nn, Maxica	n, Puarto Ric	Specify Yea or an, etc.)	No- 14	. RACE — American India Black, Whita, etc. Specify: Blade
	DENT'S EDUCATION highest grade completed)  College (1-4 or s	life Do NO	T'S USUAL of work done T use retired.	during me		ing	16b. K	IND OF BUSIN	ESS/INDUS	ТЯУ
	idle, Lasi)			3	16. MO	HER'S NA	ME (First, Mid	ddle, Maiden Su	mame)	3
190, INFORMANT'S NAME (7)/ CATHERINE AD/			ING ADDRES					City or Town, 21207	State, Zip Co	ode)
20a METHOD OF DISPOSITION  1 Buriel 2 Cremation  4 Donation 5 Disposition	3 - Removal from State	206. PLACE IND II of cemetary Explica	AFE OF PIS		-	1	7-27-6	_	TION CITY	Town, State
21. SIGNATURE OF TUNERAL	SERVICE LICENSEE	nN .	ji.	Jan	LA NO ADDRI	SS OF FA	H. U	Vlot		
	· Pro6		HF					c or respira	tory scres	t, Approxime interval Be Onset and
Sequentially list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	liete NG y c	O (OR AS A CONSEQUENC	•							
PART ii. Other significat	d. conditions contributing	to death but not resulti	ng In the t	underlyir	g causa	given in		44. WAS AN AL PERFORM I YES 2	ED?	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF COF DEATH?
25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3 □ DO	OTHE A 4 D N	ER:	15.6	///	eck only one)	Specify)		
1 Del mannan 2 1	28a. DATE		TIME OF INJURY M	28c. IN	JURY AT ORK? YES 2			RIBE HOW INJ	URY OCCU	AED
	Could not be letermined	OF INJURY — At home, far g, etc. (Specify)	m, street, fa	ctory, offi	CO			tON (Street and Town, State)	d Number or	Rural Route Number,
anal .	FYING PHYSICIAN: To the best CAL EXAMINER: On the basis of									
29b. SIGNATURE AND TITLE	OF CERTIFIER				29c. LI	CENSE NUI	MBER	1	29d DATE S	BIGNED (Month, Day, Year)

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mit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending absolcian and computativity that in by the humani director, page 5 should be executed for use as the filed within 72 hours after death with the State Dept. or Health and Mental Hygiere prior to further, commission, or removed to the monthline as marked, or (tem 23 shows any Influxy, or offler traumatic event, the medican examiner must be notified as marked. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Las	nt)				TH	2. DATE	OF DEATH			3. TIME OF DEATH
MELVIN	HOWARD					MONT	08 04	рау 4 19	YEAR Q 1	3:31
4. SOCIAL SECURITY NUMBER 213-32-0456	5. SEX 6.	AGE (In yrs. lest birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		8. BIRT	HPLACE (State or Fore
90. FACILITY NAME (If not institution, giv	e street and number)		9b. CITY, TOWN	OR LOCAT	ION OF DE		-1/5		INTY OF C	
THE JOHNS HOPK	INS HOSPITA	L	BALTI	MORE				BA	LTIM	ORE CITY
THE JOHNS HOPK RESIDENCE OF DECEDENT TO LOW THE STORY OF	et v	10c. C/T	Y, TOWN OR LOCA	Y	ork					10d. INSIDE CITY LIMITS XX 1 YES 2 N
11. MARETAL STATUS	v 80		10	H. ZIP COD	E			10g. CIT	USA	WHAT COUNTRY?
D 3 Widowed 4 Divorced	12: WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES ZX NO	13. WAS DEC	CENDENT Coperation Country Cubes 2 X NO	OF HISPAN en, Mexice Specify	IIC ORIGIN n, Puerto I	17 (Specify Ye Ricen, etc.)	e or No	14. RACI Blec Spec	E — American Indian k, White, etc.
TS. DECEDENT'S EX (Specify only highest gra Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Michin, Leat)	OUCATION de compléded) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ost of worki	ing	16b.	. KIND OF BU	ISINESS/IN	DUSTRY	
NAP.	conege (1-4 or 11+)	True	ck Driv	<i>r</i> er						
	Richard -W	oward - Crawfo	rd-	18. MOT	HER'S NAI		Middle, Meider	,	r Sc	2027
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	and Numbe	r or Rural F	Route Numb	per, City or Tow	vn. State. Zij	Code)	ayaı
Colleaner Ly			783 Lir							21229
20e METHOD OF DISPOSITION 1.X Burtal 2 □ Cremation 3 □ Re 4 □ Donation 5 📝 Other (Specify)	movel from State	206. PLACE AND DATE COMMENT OF BALTII	OF DISPOSITION /A/	eme of		DAT	200 16	CATION	Clau an To	
21. SIGNATURE ON FORERAL SERVICE I	LICENSEE A	40 to	22 12 TR	NE VD OFFE	ss oMe	MENT O	n & S	ons		ID 21217
23. PART i. Enter the disease, o ahody, or heart fellure immediate Cause (Final disease or condition resulting in death)	a. Squamous Due to (or	S CEN C	ALCINON						reet,	Approximete Intervei Bett Onset end I
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENCE DI								2 496
PART ii. Other eignificant condition	ons contributing to dea	th but not resulting	n the underlyin	g ceuse (	given in F	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FIND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VE 2 VNO  27. MANNER OF DEATH						-	PERFOI			AVAILABLE PRIDE TO COMPLETION DF CAU OF DEATH?  1 YES 2 NO
ÿ									1	-
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL OTHER:	ACE OF D	EATH (Che	ck only one	)			
1 YES 2 NO	1 Inpatient 2 ER/		4 - Nursing Hom	-		_				
2 Accident Investigation	(Month, Day, Ye	ear) INJ	M 1 1	PRK?		28d. DEŞ	CRISE HOW I	NJURY OC	CURED	
W 4 Homicide determined	building, etc.	(Specify)	treet, fectory, offic	•		City o	ATION (Street or Town, State)	and Number	or Rural R	oute Number,
299. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my k 4ER: On the beels of exemin	knowledge, death occurre	d at the fime, date	end plece,	and due t	to the ceu	ee(e) end mei	nner es stat	ed. e ceuse(e	end menner ee state
296. SIGNATURE AND TITLE OF CERTIFI		HJ8114			R III					(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type,	Print)	3	V 11	`			0 ( (	11
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
3 Suicide 4 Hornicide  8 Could not be determined  290. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER  MAR A A, MI	SICIAN: To the best of my k IER: On the beets of exemir	knowledge, death occurrent nation end/or investigation	d at the fime, date	end plece,	and due to	to the ceus	se(e) end me	nner es stat	ed,	end menner

1. DECEOENT'S NAME (First, Middle, Last) Harriet		Hicks		2. DATE OF DEATH	199	3. TIME OF CEATH
4. SOCIAL SECURITY NUMBER 217 20 7415			UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 18	8. B	IRTHPLACE (State or Foreign ountry) Md.
98. FACILITY NAME (If not institution, give a 2533 W. Bal			Balto.	EATH	9c. COUNTY C	DF DEATH
10a. STATE 10b. COUNT	Y		own or location			10d. INSIDE CITY LIMITS? YES 2 \( \bigcap \) NO
10e. STREET AND NUMBER 2533 W. B	altimore S	treet	101. ZIP CODE 2122	3		S.A.
10e. STREET AND NUMBER  2533 W. Ball  10e. STREET AND NUMBER  2533 W. B.  11. MARHTAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	2 <b>□₩</b> 0	13. WAS OECENOENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specific A C K
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)		Iffe. Do NOT use rei	done during most of working	16b. KIND OF BI	USINESS/INDUST	HΥ
Alphonso	Ermey			AME (First, Middle, Meide ttie	w Surneme) Wes	t
190. INFORMANT'S NAME (Type/Print) Albert West		2533	W. Baltimor	e St. Ba	lto.,	Md. 21223
20e. METHOD OF DISPOSITION 1   ↑ Burial 2 □ Cremetion 3 □ Ren 4 □ Donation 6 □ Other (Specify) □	noval from State	ob. PLACE OF DISPOSITION Of the Prince of DISPOSITION OF THE PRINCE OF DISPOSITION OF THE PRINCE OF	Memorial P	ark	Balto.	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE MA	Tha	22. NAME AND APPRIESS OF F			, Md. 21217
Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	FOENOCAR		+, [6]	-1/2
PART II. Other eignificent condition	dna contributing to death	but not reaulting in t	ha underlying cause given is	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other eignificent condition				1 🖸 YES	2 NO	OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation	28e. DATE OF INJUR (Month, Dey, Year,	Y 28b. TIME O	F 26c, INJURY AT	28d. DESCRIBE HOW	/ INJURY OCCURE	ED
3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, streenly)	et, factory, offica	28f. LOCATION (Street City or Town, Stell		tural Route Number,
Condon Gray	at the second se		t the time, date end place, end do n my opinion, death occured at th			ruse(e) and manner se stated.
296. SIGNATURE AND TITLE OF CERTIFI	ubh		29c. LICENSE N	-907/		GNED (Month, Day, Year)
P.KRIZHNAN,	MD 821	N. EUT		\$ 301	DAUTIN	WEE MOIN
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ONATURE AND				

In-transit permit. Pages 1, 2, 3 should

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAN			- OL	-11111	ICAIL	_ 01	DLA	111	AEG. N	U.		
	1. DECEDENT'S NAME (First,									2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
	Doyle Hawr		1								2	91	2:10 AM
- 3	4. SOCIAL SECURITY NUME		6. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTNI	PLACE (State or Foreign
- 1	412-98-968	89	1 📉 M 2 🗆 F	36	YAS.	MONTHS	UATS	HOUNS	mere.	01/01/5	5		nessee
	9e, FACILITY NAME (If not in		street end number)	/		9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATN	9c. COL	JNTY OF DE	ATH
8	1306 W. Les	ringto	n Street			'Ro	ltim	0220					
DIRECTOR	RESIDENCE OF DEC	CEDENT	II Doreer			Det.	اللباديا بل	ore					
띮	10e. STATE	10b. COUNT	Υ		10c. CI1	Y, TOWN	OR LOCAT	ION					10d, INSIDE CITY
등	Md.				Ral	timo	ra					- 1	LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				3300	отщо.		ZIP COD	E		10a, CIT	TIZEN OF W	HAT COUNTRY?
8	1206 M To	ed a mb a	m Oltmant					0100	2				
FUNERAL	1306 W. Les	xTIIB.00				1		2122				US	
교	1 Never Merried 2	Married		T EVER IN U.S. AR	IO WED					IIC ORIGIN? (Specify n, Puerto Rican, atc.)	fee or No-	14. HACE Black	American Indian,     White, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES			1 YES	2 📉 NO	Specify	<i>r</i> :		Specif	white
	45.050		1	1									MIII CE
쁘		EDENT'S EDU y highest grade		(G	ive kind of	work done	during mo	on ost of working	פר	16b. KIND OF E	USINESS/IN	DUSTRY	
쁘	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)			A	2					
물			1+		ands	cape	ATT	lst					
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)								ME (First, Middle, Meid	en Surname)		
BE (	Oscar Alor	nzo Ha	wn_					Oct	avia	Bunch			
	19a. INFORMANT'S NAME (7	iype/Print)		191	. MAILING	ADDRES	S (Street e	nd Numbe	r or Rural I	Route Number, City or	own, State, Z	ip Code)	
2	Michelle Ha	awn Mc	Cormick	P	. 0.	Box	694	. Wa	rtbu	rg, Tenne	ssee	3788	7
	20e. METNOD OF DISPOSIT	ION		20b. PLACE	OF DISPO			_			LOCATION -		
	1 Donetion 5 Other	oh 3 🗆 Rem	noval from State	Mossy	CTO	ve C	hure	h Ce	mete	1			Tennessee
- 1	21. SIGNATURE OF FUNERA		CENSER /	11000	94.0			ND ADDRE			, c , c , c	,	201210000
- 4	1 . 71		1 /	0	2752					an Funera	1 Hom	e	
	/~/a	Lul	4-10	upma	~	5	695	Main	St.	. Elkride	e. Md	. 21	1227
	23. PART I. Entar the d	laeases, Dr	complications the	at caused the de	ath. Do	not anter	the mo	da of dy	ing, suc	h as cardiac or re	spiretory a	rreat,	Approximate
- 1	shock, or h IMMEDIATE CAUSE (Fig	_	List Dniy one ca	use on aach lina									Intervsi Between Oneat and Death
- 1	disease or condition	iiai	. TOYOPL	A CM. A	FAL	CEAN	ALI	77.0					18 MOS
- 4	resulting in death)	7	a. DUE TO	OR AS A CONSE	DHENCE C	E. C. P. II	,, 0 1	// 3					10 1103
_1		_					Trica		CY	NOROME			18 MOS
MEDICAL CERTIFICATION	Sequantially list condit		Pr	OR AS A CONSE			11/6/	- 7	3/	7001-01-76			10 -703
A	If any, leading to imme cause. Enter UNDERLY			(01.110 1.0011021									İ
윤	CAUSE (Disease or inju		c	OR AS A CONSE	DUENCE C	NEV:							
Ē	that initiated events resulting in death) LAS	T	002.10	(OII NO N GONGE	JOENOE C	,,							i _
與			d										-
7	PART II. Other aignifica	ent condition	na contributing to	daath but not r	eaulting	in the u	ndariyin	g cause	givan in	Part i. 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
8	KADUSI'S		ARCOMA							PERI	ORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1,7.031		, , ,						-	1 □ YES	2 X NO		OF DEATH?
_										-			1 YES 2 NO
PHYSICIAN:													
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)			
YS.	1 TYES 2 NO			ER/Outpatient 3	□ DOA			10 6 MA	eeldence	6 Other (Specify)			
H	27. MANNER OF DEATN		28e. DATE O	F INJURY Day, Year)	26b. TII	WE OF		JURY AT		28d. DESCRIBE NO	W INJURY O	CCURED	
ВУ		Pending Investigation				M		YES 2 [	□ NO				
	a Deviates —	Could not be		OF INJURY - At he	me, farm,	atreet, fac	tory, offic	:0		261. LOCATION (Stra		er or Rural R	loute Number,
回	4 Homicide	determined	bullong	, etc. (Specify)						City or Town, St	HO)		
COMPLETED	29a. CERTIFIER 4 ST 0000	TIEVINO BUV											
용	one)									to the ceuse(e) end			
S I	2 L MED	MCAL EXAMIN	EN: On the beste of	examination and/or	Investigati	ion, in my	opinion, d	seath occu	red at the	time, date end place,	end due to	the ceuse(e	) end menner ee stated.
ш	296, SIGNATURE AND TITLE	E OF CERTIFIE	P .					29c. UC	ENSE NUI	MBER			(Month, Day, Year)
0	Agraelian a	ellen	allen n	n.0.				03	< 68	4	1	8/2/9	1
2	30. NAME AND ADDRESS O	F PERSON W	NO COMPLETED CAL	JSE OF DEATN (ITE	M 27) (Typ	e, Print)							
	Jona Hora A	Men (	ohn mo		Freer	, 5	1	Balk	hove	Marylos	1 21	105	100
	31. DATE FILE COOK	Vear)	1 2	ANSWIGNOTHE	200		1			7.0		20.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				YGIENE 9	1 21158
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	YEAR 3. TIME OF DEATH
	HERBERT WINFIE	LD HILGARTNE	R, SR.			8		91 1710 P M
	4. SOCIAL SECURITY NUMBER	./	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)	Ybar)	BIRTHPLACE (State or Foreign Country)
	215-07-5463	1 M 2 □ F 85	YRS.				29,1905	
R	90. FACILITY NAME (N not institution, give s  St Agnes Hospit.				ore, Md.			to. CITY
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT				1011			Tona managara
2				WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MARYLAND BALT  100. STREET AND NUMBER	IMORE	BAL	TIMORE	ZIP CODE		10a CITIZ	1 YES 2 THO EN OF WHAT COUNTRY?
FUNERAL	304 MARDO AVEN	UE			21227			S.A.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISPAN		ecify Yee or No-	4. RACE — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES			cify Cuben, Mexica 2 NO Specify		, etc.)	Black, White, stc. Specify:
) BY	3 Widowed 4 Divorced							WHITE
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade		(Give kind of work life. Do NOT use rel	done during mod	N st of working	18b. KINI	OF BUSINESS/INDU	STRY
岸	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)					ITD DUTTE	****
Š	1210 GRADE  17. FATHER'S NAME (First, Middle, Last)		MANGEME	NI	16. MOTHER'S NA		HIP BUILD	ING
	GEORGE G. HIL	CARTNER				NCE M.		M \
BE	19s. INFORMANT'S NAME (Type/Print)	GARTINER	195. MAILING AO	ORESS (Street e			(UNKNOW Ity or Town, State, Zip (	
5	EMMA M. HILGAR	TNER					MD. 212	
	20a METHOD OF DISPOSITION 1 N Burlet 2 Cremetion 3 Rem	20	b. PLACE AND DATE OF	DISPOSITION	(Name	DATE	20c. LOCATION — C	
	1 N Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	ovel from State of	OUDON PARK	CEMET	ERY	8/6	BALTIMO	RE
19	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			D ADDRESS OF FA			
	1///N	/			RD FUNER			E, MD. 21229
	FART L'Enter the diseases, or	complications that cause	d the desth. Do not :					-
/	ahock, or heart fallure.  IMMEDIATE CAUSE (Final	List only ons cause on s	sach line.		1			Interval Between Onast and Death
	disease or condition	(and	n. Rec	2007	~ ()	mil		
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF)	4 .	1	1000	4	
Z		Ma.	SSIW	MI				
ET.	Sequentially list conditiona, if any, isading to immediate	DUE TO OR AS	A CONSEQUENCE OF):					
2	CAUSE (Disease or injury	c /	CUD.	•				
ПЕ	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
CERTIFICATION		d						
CAL (	PART II. Other significant condition	_ //	but not reaulting in t	he underlying	g cause given in	Part i. 24a	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
20		racia Co	2.		<b>—</b>	10	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI		SSS (s	ick Synu	Syn	d).			1 TYES 2 NO
ż				/				
당	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL THER:	ACE OF DEATH (Ch	neck only one)		
YSI	1 YES 2 NO	1 - Inpatient 2 - ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence			
H	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	RK?	28d. DEŞCRIE	BE HOW INJURY OCC	URED
B	2 Accident Investigation	DO DI ACE OF IN HIM	Y AAL 4		YES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	Y — At home, farm, stree ecity)	n, usclory, onic		City or To	N (Street and Number own, State)	or Humin Houte Number,
ET	29e, CERTIFIER	1				The second		
COMPLETED	(Check only	ER: On the best of my known in the best of examination in the best of exami						d. ceuse(s) end manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE			-	29c. LICENSE NUI			SIGNED (Month, Day, Year)
BE	All Med	ical Resi	dacit					1-02-91
D.	30/NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	nt)				- // ,
<	HI CNEY	LUNIGA						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE					
/	E 2712 × 40	041 2.0 10.00	And the HORY BOUNE					

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-frantical examiner must be notified at once.	
DIVISION OF VITAL RECORDS P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN TO PROPERTY OF ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certificate to according to the property of the following physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transite filled within 72 hours after death with the Statut per of the property of the filled of the property of	

	FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH	I AND I	MENTA			2	1159
	1. OECEDENT'S NAME (First, Middle, Last) ERIC HARRY	HEII		/LI11.	TOATL	· Oi	DEA	l Fi		REG. NO		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 266-29-7466 9a. FACILITY NAME (# not institution, give st	5. SEX 1 X 44 2 F	6. AGE (In yrs. )	est birtnday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE (Mont	OF BIRTH h, Day, Year) 24,19	956	6. BIRTH Countr Ohi	IPLACE (State or Foreign ry)
TOR	7017 Lachlan Circ		G.		Town		TH LOCAL	ION OF DE	EATH		7/1/7	timo	
DIRECTOR		timore			Y, TOWN OF		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7017 Lachlan Circ	ele Apt.	G.			101	2123				10g. CITI		VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 3	RMED NO	14	yes, sp	ecify Cubi	OF HISPAN en, Mexica Specify	n, Puerto	f? (Specify Yes Rican, etc.)	or No-	14. RACE Black Specif	- American Indian, t, White, atc. ty: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 Years	CATION completed)  College (1-4 or 5 + 3 years	-)	Give kind of the Do NOT us	work done du se retired.)	uring mo	st of worki	ng	16b	Super			VIII
BE COM	17. FATHER'S NAME (First, Middle, Lest) Harry E. Heilman						18. MOT	HER'S NAI	ME (First, I	Middle, Maiden	Surname)		
TO B	196. INFORMANT'S NAME (Type/Print) Craig Heilman		1				nd Number	r or Rumil F	Poute Numb	er City or Town	n, State, Zip		30064
	20a. METHOD OF DISPOSITION  1		20b. PLACE cemetery, co Green	ANDDATE	of Disposition Place)	nete	me of Pry		BATT	20c. LO	cation - c	City or Tox	wn, State
	· Aux Eb	augh			Jc 85	hns 21	on F Loch	ss of fac uner Rav	al H	lvd.	Balto	D., 1	MD 21204
	23. PART I. Enter the disease, or conshock, or heert failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	- acomy blie ceu	caused the dise on sech lin	e.	ot enter t	he mod	de of dy	ing, auch	as cerd	lec or respi		eat,	Approximete interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST		OR AS A CONSE										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to	death but not	reaulting i	n the und	erlying	cause ç	given in f	Part I.	24s. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA		HOSPITAL:	FR/Outnetlent	3 D DOA	OTHER:			EATH (Che					
ВУ РНУ	27. MANNER OF DEATH    Natural   5   Pending   Investigation	28a. DATE OF (Month, Da	INJURY y, Year)	26b. TiMi	JRY M	8c. INJU WOF 1   Y	IRY AT			(Specify)	JURY OCC	URED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At he	ome, term, a	treet, factor	y, offica			26f. LOCA City o	kTION (Street ar ir Town, State)	nd Number (	or Rural Ro	ute Number,
COMPLETED	(Check only one)  29. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER	AN: To the best of r	my knowledge, de emination and/or	eath occurre	d at the time	e, date a	and place,	end due t	ime, data	end place, and	ner ea state due to the	d, cause(s)	and manner as stated.
TO BE	296\SIGNATURE AND TITLE OF CENTIFIER  AD. NAME AND ADDRESS OF PERSON WHO	listri	ck M				29c. LICE D 2	NSE NUME	25		29d. DATE	SIGNEO (	Month, Day, Year)
	Dr. Sam Westrick	3100 St.	Paul S			ltin	nore,	, MD	212	218			
	31. DATE SILED (Month, Day, Jean)	32. REGISTRAR	s signature	00									
	HUU D ISST S	GIANO MOING	Manager Manager	776									

	-	2, 3 should	1	
1	COMPANIE OF	eritt, Paper, 1	1	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit emman as a should	be filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene phor to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,									2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATH
		John	1 Corne	lius He	errm	ann				8	7	91	M
	4. SOCIAL SECURITY NUMB		5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	95	Count	PLACE (State or Foreign y)
~	9a. FACILITY NAME (If not in:		William Control			9b. CIT		OR LOCATI			1	INTY OF D	EATH
25	Lorien N			er				ltir	nore	<u> </u>	l B	alti	more City
DIRECTOR	Maryland	10b. COUNTY	1			alti			City	7			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
₹.	100. STREET AND NUMBER 4428	Ruch	annan 1	Avenue			10	H. ZIP COD	E		10g. CIT	TIZEN OF V	VHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	Duci	_					2	211				SA
B	1 Never Married 2 3 Widowed 4 Divor		FORCES?	NT EVER IN U.S. AR 1 YES 2 X WAR OR DATES			If yes, s	pecify Cubi	n, Mexica	NIC ORIGIN? (Specify Yon, Puerto Rican, atc.) y:	s or No—	Blac	E — American Indian, k, White, atc. My; Lite
TED	(Specify only	EDENT'S EDUC highest grade	completed)	(G	CEDENT'S ive kind of Do NOT u	work done	during m	ION lost of world	ng	16b. KIND OF BU	JSINESS/IN	DUSTRY	
1	Elementary/Secondary (0	·	College (1-4 or 5		oto	rmar	1			Baltin	nore	Тт	angit
COMPLET	17. FATHER'S NAME (First, M				01.0	_ III d I		18. MOT	HER'S NA	ME (First, Middle, Maide	_		AHSIL
BE	Michael	А. Н	errmanı	1						Mary Car	ev		
2	19a. INFORMANT'S NAME (7)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		190						Route Number, City or To			
	Robert C.		nann	20b. PLACE					ad, I	Baltimore,	Mar OCATION -		
	1 X Burial 2 Crematio	n 3 🗌 Rem	oval from State	of comptons	acom otor	v or other	oleoni		eter	18/5 Woo			
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE					see-		ss Funera	1 H	ome	
	23. PART I. Enter the di	n 1)	. Allen	12						Road, Ba			21211 Approximate
	shock, or he IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)		31	VAKINSO O (OR AS A CONSE		7 DF):	<b>&gt;</b> /4	La.	Le.				Interval Between Onset and Death
ATION	Sequentially list condition if any, leading to immediate cause. Enter UNDERLY	diate	b	O (OR AS A CONSE	OUENCE (	OF):							
CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in desth) LAS		d.	O (OR AS A CONSE	OUENCE (	OF):							
	PART II. Other significs	ondition							given in	Part I. 24a. WAS A PERFO	N AUTOPSY	241	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
: MEDICAL	History	08	atrice	o fi	Dril	ias	w			1 🗆 YES	2 ( NO		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					28. 1	PLACE OF I	DEATH (C)	heck only one)			
Sic	EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3	□ DOA	OTHE		me 5 🗆 R	asidence	8 Other (Specify)			
PHYSICIAN:	27, MANNER OF DEATH  1 Majorel 5	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TH	ME OF	W	JURY AT ORK? YES 2	¬ NO	28d. DESCRIBE HOW	INJURY O	CCURED	
ED BY	a Carrie	Investigation  Could not be determined	26a. PLACE building	OF INJURY — At ho	ome, farm,	street, fa			_ 110	28f. LOCATION (Stree City or Town, State		er or Rural	Route Number,
COMPLETED	one)									a to the cause(a) and m			a) and menner as stated.
	29b. SIGNATURE AND TITLE						-		ENSE NU				O (Month, Day, Year)
TO BE	- h	in	16	Ro		por		D	392	97	<b>&gt;</b>	8/1	/41
	9005 +	far for	OCOMPLETED CA	Balt.	M 27) (Typ	-	123	U	DI	R. MICH	46-6	7	30
	31. DATE FILED (Month, Day,	19 ( Jan	91 32. REGISTE	AR'S SIGNATURE	Buyde		7.6.3	T'			,		

the hospital or attending physician.	e detached for use as the burial-transit permit. Pages 1, 2, 3 should	t once.
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 my or many by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director near source of the build-transit permit. Pages 1, 2, 3 should be detached for use as the build-transit permit. Pages 1, 2, 3 should be detached for use as the build-transit permit. Pages 1, 2, 3 should be detached for use as the build-transit permit. Pages 1, 2, 3 should be detached for use as the build-transit permit. Pages 1, 2, 3 should be detached for use as the build-transit permit. Pages 1, 2, 3 should be detached for use as the build-transit permit. Pages 1, 2, 3 should be detached for use as the build-transit permit.	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be noticed at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR DECEDENT'S NAME (First	Middle (aut)	A 1 -				F DEATH		REG. N	0.		To the or never
alonzo	2 R	ichterd	Har	Hari			MC		DAY 2G	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUM	BER	5. SEX 8.	AGE (In yrs.		MONTHS DAY			TE OF BIRTH onth, Day, Year)		Coun	-
20-09-7441 FACILITY NAME (# not it	netitution also			76 YRS.	Oh CITY TOU	VN OR LOCATION	OE DEATH	t. 14,	1914	Big	Pool, Md
							OF DEATH		1 1		)
ashington	CEDENT	HOSPITAL			Hagei	cstown			XVC	15hi	MATORI
a. STATE	10b. COUNT	Υ		10c. CITY	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
aryland  street and number		ington		Bi	ig Pool	10f. ZIP CODE			10a, CIT	IZEN OF	1 YES 2 XN
13061 Li	ckino	Creek Road	1			21711			US		
MARITAL STATUS	CKING	12. WAS DECEDENT	VER IN U.S.	ARMED		DECENDENT OF					CE — American Indian, ck, White, etc.
Never Married 2		FORCES? 1 IF YES, GIVE WAR		NO		yes 2 NO		rto Rican, atc.)		Spe	
Widowed 4 Dive											White
15. DEC (Specify on	EDENT'S EDU ly highest grade	CATION completed)		(Give kind of v	USUAL OCCUP	PATION T most of working		16b. KIND OF I			
Elementary/Secondary (	0-12)	College (1-4 or 5+)		Man to a					nufac		
J	Aladalla ( a an)			Metal	Bondin			Fairch		ndus	tries
father's name (First, A Harry Hart	Alddle, Last)							si, <i>Middle, Mai</i> d	en Sumame)		
. INFORMANT'S NAME (	Time (Brief)			405 14411 1910	ADDRESS (O	eet and Number or	ara Mi	~			
lice E. Ha						ng Creel					21711
. METHOD OF OISPOSIT					E OF OISPOSIT				LOCATION -		
XBurial 2 Cremati	on 3 Ren	noval from State	of cemeta	ery crematory	or other placel		1				
				naaal							
. SIGNATURE ON LOHER		CENSEE	Park	head (		E AND AGORESS	OF FACILITY	ATIDI	g Poo	-	d. 21711
3. PART A. Enter the shock, or hamediate cause (Fi Iseese or condition	AL SERVICE LI	RE	coused the	death. Do r	22. NAM	W.Main	Stree	Grov t Hanc	e Fun	eral	Home
3. PARTA. Enter the cahock, or in the sease or condition southing in death)  equantially list conditionally, leading to immediate. Enter UNDERLY AUSE (Disease or injust initiated events	al SERVICE LI	S. OUE TO (O	peused the on sech II	death. Do r	22. NAM  141  not enter tha	W.Main	Stree	Grov t Hanc	e Fun	eral	Home 21750 Approximat Interval Bet Onset and
3. PARTA Enter the cahock, or hamble the candition equantially list condition enter the candition in the can	al SERVICE LI	S. OUE TO (O  DUE TO (O  DUE TO (O	coused the on sech II	death. Do rine.  SEQUENCE OF	22. NAM  141  not enter tha	W.Main mode of dylng	Stree	Grov t Hanc eardlac or re-	e Fundock,	eral Md. mest,	Home 21750 Approximat Interval Bet Onset and
3. PART. Enter the canock, or in the canock,	al SERVICE LI	b. DUE TO (0 d	coused the on sech II	death. Do rine.  SEQUENCE OF	22. NAM  141  not enter tha  fill  f	W.Main mode of dylng	Stree g, such as o	Grov t Hanc cardiac or re-	e Fundock Department of the Fundock Departme	eral Md. mest,	Home 21750 Approximat Interval Bet Onset and II
3. PARTA Enter the canock, or in the sease or condition equantially list condition enter the sease. Enter UNDERLY AUSE (Disease or Injust Initiated events resulting in deeth) LAS	al SERVICE LI	b. DUE TO (0 d	PR AS A CONSTRUCTION OF THE AS A CONSTRUCTION	death. Do rine.  SEQUENCE OF S	22. NAM  141  not enter tha  151  F):  In the under	W. Main mode of dyling lyling cause give	Stree J, such as o	Grov t Hanc cardiac or re-	e Fundock Department of the Fundock Departme	eral Md. mest,	Home 21750 Approximat Interval Bet Onset and II
3. PART A Enter the calcal shock, or has a shock, and has a shock enter the part in the has a shock enter th	al SERVICE LI	DUE TO (O	PR AS A CONSTRUCTION OF THE PROPERTY OF THE PR	death. Do none.	22. NAM  141  not enter tha  151  F):  F):  In the under  2  OTHER: 4 □ Nursing  8E OF □ 286	W. Main mode of dying lying cause give	Stree J, such as o	Grov t Hanc cardiac or re-	e Fundock, spiratory e	eral Md.	Home 21750 Approximat Interval Bet Onset and II
3. PART A Enter the canock, or a shock, or	al SERVICE LI	DUE TO (O	PR AS A CONSTRUCTION OF THE PROPERTY OF THE PR	death. Do none.	22. NAM  141  not enter tha  151  F):  In the under  20  OTHER: 4   Nursing BE OF   28c	W.Main mode of dyling lyling cause giv	Stree g, such as of	Grov t Hanc cardiac or re-	e Fundock, spiratory e	eral Md.	Home 21750 Approximat Interval Bet Onset and II
B. PART J. Enter the calcal shock, or interest of the calcal shock	AL SERVICE LI	b. DUE TO (O  d. DUE TO (O  d. LIST OF IN (Month, Day)	PR AS A CONSTRUCTION OF THE PROPERTY OF THE PR	death. Do rine.	22. NAM  141  not enter tha  151  F):  In the under  20THER: 4   Nursing  M   1	W. Main mode of dying lying cause giv 6. PLACE OF OE Home 5   Rest INJURY 2T   YES 2	TH (Check on dence 8 28d.	Grov t Hanc eardiac or re- 24a. WAS PERI 1 YES  Other (Specify) DESCRIBE HO	AN AUTOPS FORMED?  WINJURY O	eral Md. rrest,	Home 21750 Approximat Interval Bet Onset and II
3. PART A Enter the calcal shock, or in the calcal shock, and the calcal shock, and the calcal shock calcal shock, and the	AL SERVICE LI	b. DUE TO (O  d. MosPITAL  List only one cause  B. OUE TO (O  DUE	PR AS A CONSTRUCTION OF THE PROPERTY OF THE PR	death. Do rine.  SEQUENCE OF S	22. NAM  141  not enter tha  141  F):  F):  In the under  2  OTHER: 4   Nursing  E OF  JURY M  1  street, fectory,	W. Main mode of dyling lyling cause glv 6. PLACE OF OE Home 5   Resi 1. INJURY AT	Stree J, such as of TH (Check on dence 8 (28d.) NO 281.	Grov t Hanc cardiac or re- cardiac o	AN AUTOPSY CORMED?  2 NO  w INJURY O	eral Md.  rrest,  ccureo  ccureo  r or Rura	Home 21750  Approximat Interval Bet Onset and I  Solution of the completion of the c
3. PART / Enter the calock, or hamediate CAUSE (Fisesse or condition equantially list condition equantially list condition equantially list condition equantially list conditions. Enter UNDERLY AUSE (Disesse or inject in the condition of the con	AL SERVICE LI  Place and the service Li  State and the service Li  Pending Investigation  Could not be determined  THEYING PHY:  DICAL EXAMIN	DUE TO (O	PR AS A CONSTRUCTION OF THE PROPERTY OF THE PR	death. Do rine.  SEQUENCE OF S	22. NAM  141  not enter tha  141  F):  F):  In the under  2  OTHER: 4   Nursing  E OF  JURY M  1  street, fectory,	W. Main mode of dying  lying cause give  e. PLACE OF OEA Home 5   Rest VORK?   YES 2   office  date and place, e	Stree J, such as of TH (Check on dence 8 (28d.) NO 281.	Grov t Hanc cardiac or re- cardiac o	AN AUTOPSY ORMED?  2 NO  w INJURY O	eral Md. rrest,  24  CCUREO er or Rura	Home 21750  Approximat Interval Bet Onset and II Onset and II  Bib. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  I YES 2 NO
MMEDIATE CAUSE (Fi seese or condition southing in death)  dequantially list condi any, leading to imme suse. Enter UNDERLY AUSE (Disease or Inj hat initiated events esulting in death) LAS  ART II. Other signific  EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 8 4 Homicide  Des. CERTIFIER (Check only	AL SERVICE LI  Place and the service Li  State and the service Li  Pending Investigation  Could not be determined  THEYING PHY:  DICAL EXAMIN	DUE TO (O	PR AS A CONSTRUCTION OF THE PROPERTY OF THE PR	death. Do rine.  SEQUENCE OF S	22. NAM  141  not enter tha  141  F):  F):  In the under  2  OTHER: 4   Nursing  E OF  JURY M  1  street, fectory,	W. Main mode of dying  lying cause give  e. PLACE OF OEA Home 5   Rest VORK?   YES 2   office  date and place, e	Stree J, such as of  TH (Check on  dence 8   28d.  NO 281.	Grov t Hanc cardiac or re- cardiac o	AN AUTOPSY ORMED?  2 NO  w INJURY O	eral Md. rrest,  24  CCUREO er or Rura	Home 21750  Approximat Interval Bet Onset and I  Solution of the completion of the c
3. PART. Enter the canock, or in the canock, and the canock enter the	AL SERVICE LI  diseases, or neart fellure.  nel  tions, ediete (ING ury  ST  ent condition  TO MEDICAL  Pending Investigation  Could not be detarmined  TIFYING PHYS  DICAL EXAMIN  E OF CERTIFIE  Alexandre	DUE TO (O	PR AS A CONSTRUCTION OF THE PROPERTY OF THE PR	death. Do rine.  SEQUENCE OF S	22. NAM  141  not enter tha  141  F):  F):  In the under  20THER: 4   Nursing  E OF  JURY M 1  street, factory,  and at the time, on, in my opinion	W. Main mode of dying  lying cause give  e. PLACE OF OEA Home 5   Rest VORK?   YES 2   office  date and place, e	Stree J, such as of  TH (Check on  dence 8   28d.  NO 281.	Grov t Hanc cardiac or re- cardiac o	AN AUTOPSY ORMED?  2 NO  w INJURY O	eral Md.  rrest,  24  CCUREO er or Rura	Home 21750  Approximat Interval Bet Onset and II Onset and II  Bib. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  I YES 2 NO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extroous after death. Page 6 may be retained by the hospital or attending physician	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-try	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
里口	3110	filed a	APOR

BALTIMORE, MARYLAND 21203-3146

1. DECEDENT'S NAME (First, Middle, Lest) Walter John	Holle	way					2. DATE	OF DEATH	31/	YEAR /911	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 217129904	5. SEX 8	AGE (In frs. la		IF UNDER 1 YEAR	IF UNDER 2	MIN.		OF BIRTH h, Day, Year)	23	8. BIFTH	PLACE (State or Foreign Pryland	
9a. FACILITY NAME (If not institution, give si	o street and numbers more; belieden		96. CITY, TOWN O			PR LOCATION OF DEATH			9c. COU	NTY OF C		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY, TOWN OR LOCAT				TION					10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	ltimore	More M. ZIP CODE					WHAT COUNTRY?					
4319 Newport  11. MARITAL STATUS    Never Married 2X Married   Undowed 4 Divorced	EVER IN U.S. AF	2 NO If yes, specify Cuben, Maxica			HISPANI , Maxican	n, Puerto		-	14. RACI Blac	S.A.  14. RACE — American Indian, Black, White, etc.  Specify: White		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		- (C	aive kind of wo b. Do NOT use	SUAL OCCUPATOR of done during in retired.)	nost of working	7		KIND OF BU			aints	
7. FATHER'S NAME (First, Middle, Last)		70.	ar C110	abelia	_		ME (First,	Middle, Maide	Sumame)		GIIICO	
Arthur Hol:	loway	1	b Bear sale a	and Month	Desdemona Biggs							
Ruth Holloway		19	19b. MAILING ADDRESS (Street and Number or Rus 4319 Newport Av								MD 21211	
· / / latti	CENTREE /	1.00			FA11			l, Ba	ļtim	ore	,MD 21211	
shock, or heart failure.  IMMEDIATE CAUSE (Fine)  disease or condition	complications that of List enly one cause	on each lin	е.	3631 Burg	FA11 ee-He	Ls F enss ng, such	Road Fu	diac or res	oiratory ar		, MD 21211	
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	on each lin	OUENCE OF	3631 Burg of anter the m	FA11 ee-He	Ls F enss ng, such	Road Fu	diac or res	piratory ar		Approximate interval Between Onset and Daati	
iMMEDIATE CAUSE (Fine) disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or injury	DUE TO (C	AS A CONSE	OUENCE OF):	3631 Burg of anter the m	FA1] ee-He loode of dyin	Ls Fenss	Road S Fu haccar	PAS Ta	N ALITOPSY PRIMED?	rest,	Approximate interval Between Onset and Daati	
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intileted events resulting in death) LAST  PART II. Other significent condition	DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)	AS A CONSE	OUENCE OF:	3631 Burg of anter the m	FA1] ee-He loode of dyin	Ls Fenseng, such	Roads Film as car	24e. WAS A PERFC 1 □ YES	N ALITOPSY PRIMED?	rest,	Approximate interval Between Onset and Death Death Onset and D	
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (C)	R AS A CONSE	OUENCE OF):  OUENCE OF):  resulting in	3631 Burg of anter the m	FA1] ee-He lode of dyin  Bra  Ing cause gi	LS FENSS	Roads Fig.	24e. WAS A PERFC 1 YES	N AUTOPSYPHMED?	241	Approximate interval Between Onset and Death Death Onset and D	
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shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Retural 6 Pending	DUE TO (C)	R AS A CONSER AS A	OUENCE OF:	3631 Burg st anter the m  Living the underlying the	FA1] ee-He lode of dyin  Bra  Ing cause gi	LS FENSS ENSS  Iven in I	Part I.	24e. WAS A PERFC  1 YES  10 YES	N AUTOPSY PRIMED?  246 NO  INJURY OC  INJURY OF	24I	Approximate interval Between Onset and Death Death Onset and D	
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shock, or heart failure.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 2 Accident 3 Suicide 4 Homicide  28. CERTIFIER (Check only	DUE TO (C)  DUE TO	R AS A CONSE R AS	OUENCE OF:	3631 Burg to anter the m  Line Content of the underlying the underlying the content of the underlying the content of the underlying the under	FA1] ee-He lode of dyin  Bra  Ing cause gi  PLACE OF OE  Ing Cause gi  PLACE OF OE  Ing cause gi  PLACE OF OE  Ing cause gi   LS FENSE IN SEATH (Che sidence IN NO In	Part I.  Part I.  26f. LOG City to the cast	24e. WAS A PERFC  1 YES  ATION (Streen or Town, Steel	N AUTOPSY RAMED? 24 NO INJURY OC. I and Number of and Number of and due to t	24l	Approximate interval Between Onset and Death of the Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,		

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b	c	+	-

30. NAME AND ADDRESS OF

31 DATE FILED (Month, Day, Year)

ALIG 5 1991

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	FOR										9	1 2	21163	
	1 - STATE REGISTRAR	STATE OF N	/MARYLAND	DEPAR	TMEN	T OF H	DEA	AND	MENTA					
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI	_ 01	DLA		2. DATE	REG. NO			3. TIME OF DEATH	
	William Hathawa	У							MONT	02/91	DAY	YEAR	M	
	4. SOCIAL SECURITY NUMBER 226-34-3328	5. SEX 1 M 2 D F	6. AGE (In yrs. les 59	t birthday)	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRD		F BIRTH 8. BIR		LACE (State or Foreign	
RO B	90. FACILITY NAME (If not institution, give 103 Belle Graov	90. FACILITY NAME (If not institution, give street and number) 103 Belle Graove Road 200 Ca						ON OF DI						
DIRECTOR	RESIDENCE OF DECEDENT	Nill a summer												
I E	100.00011	timore				OR LOCAT							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	cinore			Cato	onsv:					_		YES 2 NO	
FUNERAL	103 Belle Grove	Dood Ant	D			101	. ZIP COD		10g. CITIZEN OF WHAT COUNTRY?					
1 3	11. MARITAL STATUS	12. WAS DECEDEN		21228								USA		
B√	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	10	13. WAS OECENOENT OF HISPANIC If yee, specify Cuban, Mexicen, P  1 YES 2 NO Specify:					n, Puarto Ricen, etc.) Blad			American Indian, White, etc.  White		
	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S	USUAL C	OCCUPATIO	ON set of working	w	166	16b. KINO OF BUSINESS/INOUSTRY				
COMPLETED	Flementary/Secondery (0-12)	College (1-4 or 5+	, ,				st of workir	.9						
N N	17. FATHER'S NAME (First, Middle, Last)			arpe	nter						struct	ion		
Ö	William Hathaway	,								Middle, Maide	n Sumame)			
BE	19e. INFORMANT'S NAME (Type/Print)	Inlez												
5	Dorothy Phelan H	athaway	190	103	Re 1	S (Street e	Number	or Runii I	Route Num	ber, City or To	wn, State, Zip	Code)		
	286. METHOD OF DISPOSITION CONTROL OF DISPOSITION													
	20b. PLACE AND DATE OF DISPOSITION (Name of control of the research of the res													
1	21. SHONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Ambrose Funeral Home, Inc.													
	22 DADT/ Codes the discount		uc.	1	* 11	328	Suln	2112	Snri.	na Dos	2 212	27		
	Approximete ahock, or heart failure. List only one ceuse on each line.  Approximete interval Battered													
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Condice Arment										Onset and Death		
	DUE TO OR AS A CONSEQUENCE OF):												1	
NO	Sequentially list conditions,	10 1 Cc hall 5 -												
ERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):												
윤	CAUSE (Disease or injury that initieted events	C. DUE TO	OR AS A CONSEC	7 ~~	F):									
E	reaulting in deeth) LAST				,								Ì	
岁		a		11/16/2										
MEDICAL											PERE AUTOPSY FINDINGS			
ă		10									1 TYES NO COMPLETION DE OEATH?			
													YES 25 NO	
PHYSICIAN:														
호	EXAMINER?	HOSPITAL												
13S	1 YES 2 HO	1   Inpattent 2   ER/Outpattent 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)												
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 1NJURY WORI						RK?			CRIBE HOW INJURY OCCURED			
BY	2 Accident Investigation	M 1 YES 2 NO												
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								te Number,				
12	290. CERTIFIER OERTIFYING PHYSI	CIAN: To the best of r	Try knowledge de-	th occur-	of at the t	Ima dat-	and etc.	and 4	A- (I)	Sec. 1955. 10	ym -m			
COMPLET	one) 2 MEDICAL EXAMINE	R: On the besie of axi	amination end/or in	rvestigation	n, in my c	opinion, de	end place, eath occur	end dus	fime, dete	end plecs, so	nner ee atateend dua to the	). ceuse(e) e	nd manner as stated.	
Ш О	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM				1	Idnth, Day, Year)	
0 8	1/2	mo					D.	3415	108		D C	12	5	
IFI	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CALIFO	05.05.05.				-						1 '	

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Belt, mp 17 2120 32. REGISTRAR'S SIGNATURE

DHMH-18 Ray 1/89

burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending TO THE FINERAL INREPTING After this certificate has been strined by the attending necessary and completely filled in by the discount discount of the string of th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH	I AND MEN	TAL HYGIEN		1 21164
	1. DECEDENT'S NAME (First, Middle, Last)  Mary E. Joke	SIMORI	I E JON	E.5 2. D.	ATE OF DEATH	30 9	YEAR 7 26 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 PF	6. AGE (In yrs. last birthday) YRS.		R 24 HRS. 7. DA	TE OF BIRTH lonth, Day, Year) 0 - 06 - 1		B. BIRTHPLACE (State or Foreign Country)
_	9a. FACILITY NAME (If not institution, give street and number)	01	9b. CITY, TOWN OR LOCAT		0-00-1		TARMAN, MD
DIRECTOR	UNIVERSITY HOSPITAL		BALTIMORE	, CIT	Υ		
REC	10s. STATE 10b. COUNTY		Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	MD 10e. STREET AND NUMBER	BAL	TIMORE				1 YES 2 NO
FUNERAL	1902 N. PAYSON STREE	Т	2121	5			S . A .
В	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR GATES	13. WAS DECENDENT OF THE PROPERTY CHURCH TO THE PROPERTY CHURCH TO THE PROPERTY OF THE PROPERT	OF HISPANIC OR	IGIN? (Specify Ye rto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify:BLACK
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  6 t h  College (1-4 or 5	(Give kind of	USUAL OCCUPATION work done during most of working retired.)	ing	18b. KIND OF BU		
OM	17. FATHER'S NAME (First, Middle, Last)		16, MOT	HER'S NAME (Fir	RESTAI		
BE C	WESLEY HAMMOND		MA	RY GAN	1BREL		
2	19a. INFORMANT'S NAME (Type/Print)  CARLTON BAILEY JONES	19b. MAILING 4127	BALMORAL		umber, City or Tow		
	20s METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE	OF DISPOSITION (Name of the chiege) MEMORIAL	o	ATE 20c. LO	CATION — CI	ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-   AKBUIUS	MEMURIAL  22. NAME AND AGORE	PARK	Af	RBUTU	S, MD.
	· Dlades vi		WM.C.MAR	CH F.F	1. 1103	L E.	NORTH AVE.
	23. PART I. Enter the diseases, or complications the shock, or heart fellure. List only one certification is considered to the shock of	of caused the death. Do ruse on each line.	breast	Caho		ratory arres	at, Approximate interval Batween Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUENCE OF					
PHYSICIAN: MEDICAL (	PART II. Other algorificant conditions contributing to	deeth but not resulting i	in the underlying cause (	given in Part i.	24s. WAS AN PERFOR 1 YES 2	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF D	EATH (Check only	one)		
14SI	1 YES 2 NO 1 Inpetient 2	ER/Outpetlent 3 DOA	OTHER:				
BY P	1 Netural 5 Pending (Month, D		E OF 28c. INJURY AT WORK?  M 1 YES 2	1	DESCRIBE HOW II	NJURY OCCU	RED
- 4	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a mEDICAL EXAMINER: On the best of a	my knowledge, death occurre	ed at the time, data and place, n, in my opinion, death occur	, and due to the	cause(a) and man	ner as stated	cause(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER			NSE NUMBER			SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	SE OF DEATH (ITEM 27) (Time	Print)			7	30/91
	Robert Jahlohover, n	ND UMCC	(Thirehsi	ty Ho:	spital	BaH	mote, MD
	AUG 5 1991 June 1991	B'SBYSKITH AND LOCAL	7				

BALTIMORE, MARYLAND 21215-0020	In the law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	instructions has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should	ation, or removal.	the medical examiner must be notified at once.
DIVISION DEVITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSIDING PROPERTY TO THE MAIN THE DEATH CERTIFICATE DE EXECUTED WITHIN	TO THE FUNERAL DIRECTOR: After me with the been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE UF MARYLA		NT OF HEALTH AND TE OF DEATH	MENIAL HYGIENE REG. NO.	•		
1. DECEDENT'S NAME (First, Middle, Las	Johnston A	۷.		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DAT	Y SYEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NÚMBER 231–32–1549	5. SEX 6. AGE (1	and the same of th	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/31/12/3/	8. BIRT Cour	THPLACE (State or Foreign ntry)  MD	
9a. FACILITY NAME (If not Institution, give LIBERTY MEDICAL	re street and number)		CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF		
RESIDENCE OF DECEDENT	CENTER		BALTIMORE, M	ID	MD		
MD 106. COU	NTY	10c. CITY, TOW	BALTIMORE,	CITY		10d. INSIDE CITY LIMITS?  YXX YES 2 \( \text{NO} \) NO	
110 W. OSTEND	STREET		101. ZIP CODE	21230		S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4. Oronoced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	20XINO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 NO Specific S	ican, Puerto Rican, atc.)			
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12) 11th grade	DUCATION ade completed) College (1-4 or 5+)	life. Do NOT use retin	one during most of working ed.)	16b. KIND OF BUS			
17. FATHER'S NAME (First, Middle, Lest) WINSTON A. JOHN	STON	SHEET		NAME (First, Middle, Maiden :			
19a. INFORMANT'S NAME (Type/Print) DOROTHY GASKILI			RESS (Street and Number or Run OSTEND STRE)			30	
20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 R 4 Donation 5 Other (Specify)		b. PLACE AND DATE OF C	DISPOSITION (Name	DATE 20c. LOC	CATION — City or	Town, State	
21, SIGNATURE OF FUNERAL SERVICE	licensee Dod	6	22. NAME AND ADDRESS OF CHARLES L. ST 1501 E. FORT	EVENS FUNER	AL HOME,	INC.	
23. PART I. Enter the diseases, a shock, or heart fellou iMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Mya c	ech ilne.	INfartio		TELLITY WITCH	Approximate interval Betw Onset and De	
Sequentially flat conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a ASP	A CONSEQUENCE OF):  A CONSEQUENCE OF):  LUNG	PNEUMONIC Abscess	4			
PART II. Other significant condit	ions contributing to death b	out not resulting in the	a undarlying cause given	in Part i. 24a. WAS AN PERFOR	PMED?	Ab. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)			
ES NO	1 Inpatient 2 ER/Outp	patient 3 DOA 4 D	HER: Nursing Home 5 - Residence				
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY	28c, INJURY AT WORK?  M 1 YES 2 NO	28d, DESCRIBE HOW I	NJURY OCCURED		
2 Accident investigation 3 Suicide 8 Could not detarmined	be 28e. PLACE OF INJURY building, etc. (Spec	Y — At home, ferm, street		28f. LOCATION (Street a City or Town, State)		al Route Number,	
construction of the constr	HYSICIAN: To the best of my know					se(a) and manner as state	
				1 - 148-100-			
296. SIGNATURE AND TITLE OF CERTIF	FIER AND		29c. LICENSE	7204	D 8-2	(Month, Day, Year)	
296. SIGNATURE AND TITLE OF CERTIFICATION (	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print	29c. LICENSE I	7203	8.2	HED (Month, Day, Year)	

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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. The Fourer death - Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last) PATRICL	A ANN	KRO	PMAN		2. DATE OF DEATH DAY	1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213 60 1096		(In yrs. lest birthdey) 55 YRS.	MONTHS CAN'S	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 5-12-26		THPLACE (State or Foreign n(ry). NIO
9a. FACILITY NAME (If not institution, give 4507 Ebenezer Ro				or Location of DEAT	гн	9c. COUNTY OF Baltim	DEATH
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	ry	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
MD Bal	to County	I	Parkvill	е			LIMITS?
100. STREET AND NUMBER 4507 Ebenezer F	load		10	H. ZIP CODE 21236		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPANIC pecify Cuban, Maxican, S 2   NO Specify:			CE — American Indian, ick, White, atc.  white
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during m			SINESS/INOUSTRY SS/Healt Compan	h Care
17. FATHER'S NAME (First, Middle, Last)	Luc	kett		16. MOTHER'S NAME	E (First, Middle, Melden	Sumame)	
19a. INFORMANT'S NAME (Type/Print)  Ms Kathy Barbour	Daugh			and Number or Rural Ro			3604
20s. METHOD OF DISPOSITION  1 □ Buriel 2 □ Cremetion 3 □ Ra  4 □ Donation—5 □ Other (Specify)	20	b. PLACE OF DISPO				CATION — City or	
21. SIGNATURE OF FUNERAL SERVICE I	Ronald V	Wade, Dir 8/1/91		ND ADDRESS OF FACIL State W.Baltimor	-		1201
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE O	nd				Interval Betwee
Sequentially liat conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE O					
PART II. Other algnificant condition	one contributing to death	but not resulting	in the underlyle	ng cause given in P	art I. 24s. WAS AN PERKOR 1 UYES 2	RMED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Chec	ik only one)		
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpatient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	IE OF 28c. IN	JURY AT	Other (Specify)	NJURY OCCUPED	Hom
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	26s. PLACE OF INJUR			YES 2 NO	281. LOCATION (Street a City or Town, State)		al Route Number,
(Onton only	SICIAN: To the best of my knowner.						e(a) and manner as stated
30. SIGNATURE AND TITLE OF CERTIFIED OF DESCRIPTION OF PERSON V	Penety Made	BOEVAIL EATROITEM #////	, Printy	29c. LICENSE NUME	DER	≥ JU/IJ	29,199)
STOTAL 2 FR S	34. HEGISTRAR'S SIG		chasos	DA 260			
AUG 5 1991	grina Davids	on-Randell					

۱ -	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	SIMIE UF N	MANYLAND /	ERTIF	ICAT	E OF	DEA	AND I	MENI	AL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, La.	st)					-			E OF DEATH			3. TIME OF DEATH
	ADRINE		KENAD	JIAN	,				MON A1	ugust 1		91	12:20 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDE	R 1 YEAR	IF UNDER		7. DAT	E OF BIRTH		8. BIRTI	NPLACE (State or Foreign
- 1	224-62-9064	1 🗌 M 2 💢 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	Jar	7 9 190	3	Count	űrkey
9	9a. FACILITY NAME (If not institution, given	e street and number)			9b. CIT	Y, TOWN	R LOCATI	ON OF DE	EATN		9c. COU	INTY OF D	DEATH
OR	Doctors Commu	nity Hospi	ital		2	Lan	ham				Pri	nco	George's
ដ្ឋ	RESIDENCE OF DECEDENT  10a. STATE  10b. COU			140.00		OR LOCAT					1111	nce	
Ë				10c. CI									10d. INSIDE CITY LIMITS?
ابد	Virginia 10e. STREET AND NUMBER				Al	exan	dria						1 X YES 2 NO
E I	010 00000000	D				101	1111						WHAT COUNTRY?
FUNERAL DIRECTOR	910 Crescent 1	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	12	WAS DEC	223		UC OBIC	IN? (Specify Yes		U.S.	
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 VI	NO		If yes, sp	ecify Cubs	n, Mexics	n, Puerto	Ricen, etc.)	or No-	Black	E — American Indien, k, White, etc.
ВУ	3 Widowed 4 Divorced						2 (XNO	Spacin	,			Spec	W WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gra	DUCATION ide completed)	16e. DE	CEDENT'S live kind of Do NOT u	USUAL C	OCCUPATIO	ON st of workin	a	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +	) iife.	Do NOT U	se retired.)	mplo	vod.	9		Ant	ist/	Dogi	man
M	17. FATNER'S NAME (First, Middle, Lest)			DC.	TT 101	mpro,						Desi	guer.
							18. MOTI	IER'S NA	ME (First,	, Middle, Maiden	Surname)		
BE	Hampartzum St 19a. INFORMANT'S NAME (Type/Print)	cambolian	0.00					1	Agna	uni Po	ladia	an	
2			191							mber, City or Town			
	Berdi Kenadjian		20b. PLACE					r. I		andria			
	20s METNOD OF DISPOSITION 1A Pairiel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	moval from State	cemetery, cre	matory or o	ther place	SITION(Na	me ol		Aug	61	CATION		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	PIC. (	COIII			D ADDRES	S OF FA		91) A1	exand	uria	VA
	+ Fred (	Duken.	2				verly	-Whe	eatl	ey Fun			
-	23. PART I. Enter the disease, o	ennon					1500	WE	Brad	dock R	d. A.	lex.	VA
	ehock, or hear failure immediate CAUSE (Final disease or condition resulting in death)	aa	se on each line	Cei	سب	نو		ng, suci	i as ce	rulec or respi	ratory sr	rest,	Approximete interval Between Onset snd Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Decubling Ulay Cycles Induction Consequence of:  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.												
PHYSICIAN: MEDICAL (	PART II. Other significent conditions to the condition of	ons contributing to	death but not n	esuiting i	in the ur					24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ĕ I	EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DE						
¥	27. MANNER OF DEATN	t inpatient 2 in		DOA 28b. TIM		alng Nome		idence		er (Specify)			
	1 Natural 5 Pending	(Month, Da			URY	WOI		NO.	28d. DE	SCRIBE NOW IN	JURY OCC	CURED	
ğ	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF	INJURY — At hor	me, ferm, s	street, teci		-		281 10	CATION (Street a	nd Number	or Pount C	The state of the s
Ë	4 Nomicide determined	building, a	its. (Specify)			,,			City	or Town, State)	THO THOMISM	OF FIGURE? A	oute number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNY 2 MEDICAL EXAMI	SICIAN: To the best of ex	my knowledge, dea	ath occurre	n, in my o	ilme, date :	and plece,	and due	to the ce	use(s) and man	ner es atat	ed.	and manner ee stated,
BEO	296. SIGNATURE AND TITLE OF CERTIF	ER	u u				29c. LICE	NSE NUM	BER		29d. DATI	E SIGNED	(Month, Day, Year)
0 1						1	1	11	112	6.	<b>&gt;</b> -	8.1	191
	30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE		A 27) (Type,	Print)								
	31. DATE FILED (MONTH, Day, Year) 1991 32 (Egystrand signature) Sunature)  AUG 5 1991 Suna Dayydson-Rondoll												

BALTIMORE, MARYLAND 21213 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the function, age 5 secured by detailed for use at the burish transferential. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMN-16 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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- RECORDS, P.O. BOX 13146,	Certificate
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OF VITAL	MOCENTAL OR STTENDIAL DUVELCHAM: The law requires that the death certificate he securited within
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DIVISION	MITENIA
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1119 4. SOCIAL SECURITY NUM 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. A (14) 1 M 2 🔽 YRS. permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH c. COUNTY OF DEATH Melrose Ave DIRECTOR Green N/H NA RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION N n/a FUNERAL 10s. STREET AND NUMBER 1418 Northgate Rd, Zip 21218 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 15 Hue USA detached for use as the burial-transit rose d 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: white 1 TYES 2 NO Specify: BY 3 Wildowed 4 Divorced no no ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 +Retired Baltimore City Employee once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Estelle Fink 2 ŧ Sigmond Himmelmann BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Atty Ms. Murray 1102 Terrace Glen, Baltimore, MD 21210 P 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must 4 🔯 Donation 8 🗀 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Ropald Wade, Dir 22. NAME AND ADDRESS OF FACILITY StateAnatomyBoard 655 W. Baltimore St, Balto., MD 21201 Viona 8/2/91 filled in by the figon, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory street, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final and completely fille burial, cremation. the disease or condition Carcenana una resulting in death) 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to the attending physician Mental Hygiene prior to If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY has been signed by Dept. of Health and PERFORMED? COPD 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER:
4 Phursing Home 8 Residence 6 Other (Specify) 1 TYES 2 NO 6 the DIRECTOR: After this cert hours after death with the litem 28 is marked, o 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 五三三 BE Muy becar 223 9 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTO

MD

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560 K = - LOCH

31. DATE FILE MONTH, Day You 99

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2. DATE OF DEATH

21239

Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 29d. DATE SIGNED (Month, Day, Year)

3. TIME OF DEATH

110

10d. INSIDE CITY

YES 2 NO

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	ped p	PIN	ed
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2	END	R. A	20
-	ATT	ECTC aft	n 28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive he find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND		21169		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  Ethel  Lancaster	100 100	ear W/- SII: 15p		
	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In yrs. last birthday)  1 UNDER 1 YEAR IF UNDER 24 HRS.  90. FACILITY NAME (If not institution, give street end number)  90. FACILITY NAME (If not institution, give street end number)  90. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)  11 — 12 -1910	BIRTHPLACE (State or Foreign		
DIRECTOR	Maryland General Hospital Baltimore (				
	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION  BALL MOVE 106. STREET AND NUMBER 106. ZIP CODE	40- 07775	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?		
FUNERAL	2309 Chelsa Terr 21216	NIC ORIGIN? (Specify Yea or No.— 14	5.A.		
'n a	1 Never Merried 2 Merried FORCES? 1 YES 2 70 If yes, specify Cuban, Mexicolar YES, GIVE WAR OR DATES  1 YES 2 70 Specify Cuban, Mexicolar YES	en, Puerto Rican, etc.)	Specify: ACL		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5+)  College (1-4 or 5+)	16b. KIND OF BUSINESS/INDUS	тну		
E COM	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S N.  AND N. P. P. C.	AME (First, Middle, Melden Surneme)	List		
TO B	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number of) Rural  MYS. MARGE, HOMES 1701 EUTAWI A	Proute Number, City or Yown, State, Zip Co	md, 21217		
	20s. METHOD OF DISPOSITION / 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	C BAID	y or Town, State		
	21. SGNATURE OF FUNERAL SERVICE LICENSEE  22.1 NAME AND ADDRESS OF PORTION OF THE PROPERTY OF	The Ball	mc121216		
	PRT I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final	ch aa cardiac or reapiretory errea	t, Approximata Intervel Between Onsat and Death		
	disease or condition Multiple Failure  Status post gastrostomy for care	cinoma of the st	Omach		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  Due to (or as a consequence of):  Upper gastro-intestinal bleeding				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST				
_	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in	1 Part I. 24e. WAS AN AUTOPSY PERFORMED?  1 □ YES 💤 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL			OF DEATH?		
YSICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 NO  26. PLACE OF DEATH (C. C. C				
ВУ РН	27. MANNER OF DEATH  1  Netural 8 Pending 2 Accident Investigation  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY WORK?  1 YES 2 NO	28d, DESCRIBE HOW INJURY OCCU			
	3 Suicide 8 Could not be 4 Homicide Sermined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Spec/ly)	281. LOCATION (Street and Number of City or Yown, State)			
COMPLET	(Check only 1X) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end du one)  2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the	e time, date end place, and due to the	couse(e) and menner so stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NO 296. LIC	0 2 6 ≥ 29d. DATE:	31, 91		
	2. N. Lahiji, M.D. c/o Maryland Ge	neral Hospital			

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

	1 - FOR STATE OF I	MARYLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND ME	ENTAL HYGIENE REG. NO.	31 21110		
F	1. DECEDENT'S NAME (First, Middle, Last) EI mer J	oseph Lace -(II)	jewski)	DATE OF DEATH DAY	SEAR 9 00 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F	78 YRS. MONTHS	DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)  MALIANA		
TOR	98. FACILITY NAME (If not institution, give street and number)  STOSEPHS HOSP  RESIDENCE OF OECEDENT	11'	y, town or location of deat Towson		timore		
DIRECTOR	10e. STATE 10b. COUNTY City Maryland	10c. CITY, TOWN Baltin			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5963 Benton Heights Avenu	e	10f. ZIP CODE 21206	U.S.A.			
BY	1 Never Married 2 Married FORCES?  IF YES, GIVE	NT EVER IN U.S. ARMED    Yes 2   NO MAN OR DATES  e, 43 -22 Mar, 46	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuban, Mexican, Puerto Rican, atc.) 1 □ YES 2 □ NO Specify:  Mar 46				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	+)  16e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired.  Manager	OCCUPATION e during most of working )	DUSTRY			
Š	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME	(First, Middle, Maiden Sumame)				
BE (	Stephen Lijewski			vbarczyk			
10	19e. INFORMANT'S NAME (Type/Print)		ss (Street and Number or Rural Act nton Heights A				
	Rita Irene Lace 20e. METHOD OF DISPOSITION		SPOSITION (Name 8/6/91		City or Town, State		
	1 Buriel 2 Cremetion 3 Removal from State	or cometary, crematory or other	of Jesus Cemet	Raltimo	re, MD.		
	21. SIGNAPHRE OF PUNERAL SERVICE LICENSEE	2	2. NAME AND ADDRESS OF FACIL 7110 Belair Ro	Dippel Fun	eral Home, Inc.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	O (OR AS A CONSEQUENCE OF):  O (OR AS A CONSEQUENCE OF):  O (OR AS A CONSEQUENCE OF):	age (inget	Caday	interval Between Onset and Deeth		
MEDICAL	PART II. Other algnificant conditions contributing to	3/ / /	underlying cause given in Pr Doglycomer Le	art I. 248 WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Chec	k only one)			
YSIC	1 YES 2 NO 1 Inpatient 2		ER: ursing Home 8 - Residence 6	Other (Specify)			
ВУ РН	27. MANNED OF DEATH  1 Netural 5 Pending 2 Accident Investigation	F INJURY Day, Year) 28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OC	CCURED		
	3 Suicide 8 Could not be determined	OF INJURY — At home, farm, street, for atc. (Specify)	actory, offica	26f, LOCATION (Street and Number City or Town, State)	er or Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of 2 MEDICAL EXAMINER: On the basis of						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	~~	Da76	en 284. DA	Til sical ED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA		Below Rel	Bolto m	l 2/236.		
	31. DATE FILED (MoRR), Day, Year) 32. REGISTS	Juydson-Randall					

Shou		otifie
page		pe u
rector,		must
funeral di	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
in by the	ог гетома	nedicai
Three	ion,	the
ompletely	al, cremal	event,
n and c	to buri	ımatic
physicia	le prior	er tra
Dulpa	Hygier	r oth
atte	entai	ITY, 0
y th	N N	Ī
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	REGISTRAN			-		IVALL	_ 01	2-0	111		REG. NO.			
,	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF MONTH	DEATH DA	Y	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUME	en	Wayne W	illiam		VIS		1	7	August		1991		:00 P M
	217-40-7		1 M 2 F	6. AGE (In yrs. la:	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, De	y, Year)		Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not in			48	1110.	ah CITY	TOWN (	OR LOCAT	ION OF DE	Jan.	17,1		Ma TY OF DEAT	ryland
œ	Frankli	_	*	mital		90. 011								
8	RESIDENCE OF DEC	EDENT	are nos	priar			RC	SSV	<u>ill∈</u>	2		Balt	пюте	County
DIRECTOR	10e. STATE	10b. COUNT			10c. CIT	Y, TOWN (	OR LOCA	TION					10	d. INSIDE CITY LIMITS?
	Md.	E	BAltimor	e			_	11t						YES 2 NO
FUNERAL	10e. STREET AND NUMBER		-				10	r. ZIP COD				10g. CITIZ	EN OF WHA	T COUNTRY?
NE	8 Darbyt	owne	COURT 12. WAS DECEDEN			1			2123	_			USA	
	1 Never Merried 2 🔀	Merried		YES 2			If yes, sp	ecify Cub	en, Maxice	IIC ORIGIN? (S n, Puerlo Rica		or No-		American Indien, hite, etc.
ВУ	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES			1 U YES	2 <u>M</u> NO	Specify	<b>/</b> :			Specify:	Usa
ED		EDENT'S EDU		18e. Di	ECEDENT'S	USUAL O	CCUPATI	ON of work	lna	16b. KI	ND OF BUS	SINESS/INDI	USTRY	
	Elementary/Secondery (C	-	College (1-4 or 5	·)	Give kind of a. Do NOT u	se retired.)	uaring inc	ASI OF WORK	ury					
MP			2yrs.		Di	sabl	.ed							
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Midd				
BE	Hubert		<u> </u>	1						a Tho				
2	Bernadet			19						Route Number,				
	20e. METHOD OF DISPOSIT		WIS	20b. PLACE						t Ba			Md . 2	
:	1 Donation 5 Other	n 3 🗆 Rem	oval from Stata	other p	ro (									Tableson.
	21. SIGNATURE OF FUNERA		CENSEE	Picc	,				ESS OF FA		DA	TCIM	ore	MAryland
	61.	01		. 111	, .	10	onn	e11	vFun	erall	Iome	300M	Δ C O Δ	ve.21221
	Come	lly	Pune	CalM	uni									
	23. PART I. Enter the d shock, or h	aert fail	List only one ceu	isa on eech lin	e.	not enter	ung me	oa or ay	ring, suc	n as cardiad	; or respi	ratory arre	901,	Approximata interval Batween
	IMMEDIATE CAUSE (Findiseese or condition	nal	Acuto	Drainat	om II	~~~~~	ch a c		LL D					Onset and Daeth
	resulting in deeth)	-		Brainst			.nage	≘ MT	ui De	ep ca	llid.			-
7				ensive		•								1
5	Sequentieily ilst condit if any, iseding to imme			(OR AS A CONSE										
CA	Cause. Enter UNDERLY CAUSE (Disease or Inju		End St	age Ren	al Fa	ailur	œ							
E	that initiated events resulting in death) LAS													
Ä	resolding in death) End		d. Uncont	rolled	Diabe	etes	Me1	litu	S					-
MEDICAL CERTIFICATION	PART ii. Other significa	nt condition	ne contributing to	death but not	reauiting	in the u	nderiyin	g cause	given in	Part i. 24	a. WAS AN			ERE AUTOPSY FINDINGS
S										_   1	PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
밀														YES 2 NO
_														
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSBITAL					LACE OF	DEATH (Ch	eck only one)				
Sic	1 TES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 F	Reeldenca	6 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5	Pending	28e. DATE OF (Month, L	INJURY Pay, Year)	28b. TII	JURY		JURY AT ORK?		28d. DEŞCR	IBE HOW I	NJURY OCC	URED	
ВУ	2 Accident	Investigation				М		YES 2	□ NO					
	3 Suicide e	Could not be determined	28e. PLACE C building,	of INJURY - At h etc. (Specify)	ome, farm,	street, fac	tory, offic	00		28f. LOCATION OF 1	ON (Street of State)		or Rural Rout	le Number,
<u>H</u>	29e. CERTIFIER				•		_							
MPL			SICIAN: To the best of											
COMPLETED			ER: On the basis of a	xamination and/or	Investigati	on, in my	opinion,	death occi	ured at the	time, date an	d piece, er	d due to the	e ceuse(e) e	nd menner ee stated.
BE	296. SIGNATURE AND TITLE	FOF CONTIFIE	2/_	1	^			29c. LIC	CENSE NUI	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
6	X/ willog	600	ano	7 M	U_			W3	11	11		8	2018	191
	Dudolph C		_ /				~ P	wi	D- 3	144	. 10		1000	
	Rudolph C		MD 900	0 Frank	TTU ;	oquar	e D	гтле	Ba.	LCHION	e, M	<i>)</i> 2.	1237	
	AUG	P 41	99 Julia	AR'S SIGNATURE	-Nanda	A Print								
	700	_ **												

OX 68760, BALTIMORE, MARYLAND 21215-00	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or are not at the death certificate.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial cremation or removal	from the month of available must be matition at another
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit be filled within 72 hours after death with the State Dent. of Health and Mental Hyplene prior to burial cremation, or removal	IMPORTANT It flem 28 is marked on flem 23 shows any Injury or other fraumatic events the modified as assets

dan. transit permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIL		21172
	1. DECEDENT'S NAME (First, Middle, Last)	1 (		2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	LUM		8	2 9	5:27 A "
	218-16-9472	1 - M 2 VF 62 YRS. MO	UNDER 1 YEAR JF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) 3-3-2	9	BIRTHPLACE (State or Foreign Country)
OR		ed Center	Baltos	DEATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b. COUNTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
	Md	P	altimore	2		LIMITS?
PA I	100. STREET AND NUMBER	1 01	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
N.		nont St,  12. WAS DECEDENT EVER IN U.S. ARMED	2/2/	6	14	SA.
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 WNO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puarto Rican, atc.)	Yee or No— 14.	RACE — American Indian, Black, Whita, atc. Specify:
0	15. DECEDENT'S EDUCA		JAL OCCUPATION	16h KIND OF I	BUSINESS/INDUST	Black
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) Iffe. Do NOT use rel	. 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COM	17. FATHER'S NAME (First, Middle, Last)	Housi		AME (First, Middle, Maid	en Sumama)	
101	Robert Bud	d Crawley	Olive	Mari	مريا د	iabt
TO BI	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street and Number or Rural	Route Number, City or 1	own, State, Zip Coo	de)
	20a. METHOD OF DISPOSITION	wley 1630	N. Ellamo	ULR4 E	Salta	MJ 2/2/6
	1 Deurial 2 Cremation 3 Ramov	29b. PLACE AND DATE OF DI cemetery, crematory or other	place)	DATE 20c.	LOCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE,	22. NAME AND ADDRESS OF F	CILITY BOO	cylonia	JE 1110
	Jani H,	Donrolley	812 Hubbar	1	cared	Md. 21613
	23. PART I. Enter the diseases, pr co	implications that caused the death. Do not electronic only one cause on each line.	enter the mode of dying, suc	ch as cardiac or res	piretory arreat,	
	IMMEDIATE CAUSE (Final	At only bite cause bit each line.	. 1/ /			Onset and Death
	disease or condition resulting in death)	MADXIC ENERTHA	lopully			140
,		DUE TO (OR AS A CONSEQUENCE OF):	1			41
틸	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	1			1/9
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Verticolar to	nely carden			1
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	· Aplan			1
	DART II Oak es al million de la million de l	COUNTAIN MAPOR	) austure			
CAL	TANT II. Other aignincant conditiona	contributing to death but not reaulting in the	e underlying cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC				1 [] YES	2 NO	OF DEATH?
× ×				-		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (C)	eck only one)		
IXSI	1 YES 2 NO	Inpatiant 2 ER/Outpatiant 3 DOA 4	HER: Nursing Home 5 - Residence	6 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
ВУ	2 Accident Investigation 3 Suicide & Could get be	26s. PLACE OF INJURY — At home, term, street	T TES 2 NO	281 LOCATION (Com-	t and Number of D	
臣	4 Homicide 6 Could not be determined	building, etc. (Specify)	,,	28t, LOCATION (Stree City or Town, Stat	e)	urai Houte Number,
COMPLETED	29a. CERTIFIER (Check only one)	AN: To the best of my knowledge, death occurred at	the time, data and place, and due	to the cause(s) and m	anner as stated.	
S	2 MEDICAL EXAMINER:	On the basis of examination and/or investigation, in	my opinion, death occured at the	time, data and placa,	and due to the cau	use(s) end manner as atated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	- no	29c. LICENSE NUI	ABER	29d. DATE SIG	NED (Month, Day, Year)
2	Clour will	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,	1035	182	1 8	12/91
	S1. DATE FILED (MONTY, Day, Year)	MO Liberty A	edical 1	enter	Balt.	Md
	AUG 5 1991	32. RIBISTRAR'S SIGNATURE				

....

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICAT	E OF	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH	v v	3. FAR	TIME OF DEATH
Mary A. Macho	vec					MONTH 8	2	91		0430 A.
	5. SEX	6. AGE (In yrs.		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D		8.	BIRTHPL/ Country)	ACE (Stete or Foreign
215-07-9927	1 🗆 M 2 🗶 F	82	YRS. MONTHS	DAYS	HOURS MIN.		7/09	)   1	MD	
9a. FACILITY NAME (If not institution, give stre		-	9b. Ci	TY, TOWN O	A LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	N
Union Memorial	Hospita	al Ex	tended C	are	Unit .	Balti	more	C	ity	
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			Les aums mauri							
MD 106, COUNTY			10c. CITY, TOWN	ltin						d. INSIDE CITY
10e. STREET AND NUMBER					ZIP CODE					YES 2 N
106. STREET AND NUMBER				101	21218			USA		T COUNTRY?
3831 Rexmere	Road  12. WAS DECEDEN									
1 Never Merried 2 Merried	FORCES? 1	YES 2		If yes, spe	ENDENT OF NISPAI city Cuben, Mexico	n, Puerto Rice	Specify Yee in, etc.)	or No- 14		Americen Indian, /hita, atc.
3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		1 TYES	2 XNO Specif	y:			Specify	ite
15. DECEDENT'S EDUC		18e.	DECEDENT'S USUAL	OCCUPATIO	N	18b. KI	ND OF BUS	INESS/INDUS		
(Specify only highest grade of Elamentary/Secondery (0-12)	College (1-4 or 5	,	(Give kind of work don life. Do NOT use retired	e during mo !.)	et of working					
10	College (1-4 of 5	"	Homemak	er						
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mide	dle, Maiden	Surname)		
Conrad	Stam	m			Ann:	a Sti	cklos	•		
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRE	SS (Street a					ode)	
Paul Machovec		1			Road B					
20m METNOD OF DISPOSITION		20b. PLA	CE OF DISPOSITION (	Name of cen	netery, crematory or		20c. LO	CATION — CIT	y or Town,	State
1 Denetion 5 Other (Specify)	val from State	Moss	The Holy Re	deeme	er 8/5/91			timore,		
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		2	2. NAME AN	ID ADDRESS OF FA	CILITY				
> James / Bl	adden			Leonar	rd J. Ruck	Inc. 53	305 Ha	rford R	load	21214
23. PART I. Enter the diseases, or co	omplications the	t caused the	death. Do not ant	ar the mo	de of dying, suc	h as cardle	c or reapl	retory arres	t,	Approximate
ahock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cau			17						Onset and Death
disease or condition	Khe	uma	tad A	rtw	uns					10 Years
resulting in death) a	DUE TO	(OR AS A CON	ISEOUENCE OF):							1
<b>.</b>		-	-							
Sequentielly list conditions, if any, laading to immediate	DUE TO	(OR AS A CON	ISEQUENCE OF):							
cause. Enter UNDERLYING										
CAUSE (Disease or Injury that initiated eventa	DUE TO	(OR AS A CON	ISEQUENCE OF):							
resulting in deeth) LAST										
DART II Other elevitions conditions	a a material service a service	do oth had o	-4lal l- at	and a state		2.41			T	<u> </u>
PART II. Other algorificant conditions	to da m	Geeth but h	ot reauting in the	underlyin	g cause given in	Part I. 2	PERFOR		AN	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
10043 39	NOUCOIN	- 1 h	120			1	☐ YES 2	NO		OMPLETION OF CAUSE F DEATH?
Mexplain	ed we	ight	4055						1	TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		отн		ACE OF DEATH (C	heck only one)				
1 - YES 2 NO	1 Inpatient 2	ER/Outpatier			e 8 🗆 Residence	8 - Other (S	Specify)			
27. MANNER OF DEATH	28e. DATE OF (Month, E		28b. TIME OF INJURY	28c. INJ WC	URY AT	28d. DESCF	HBE NOW I	NJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation			М		YES 2 NO					
3 Suicide a Could not be	28e. PLACE (	of INJURY — A	it home, farm, street, f	actory, offic	•		ION (Street l	and Number or	Rural Rou	te Number,
4 Nomicide determined						,	, =.5.0)			
29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge	, death occurred at th	e time, date	and place, and du	e to the cause	(e) end me	nner as stated	l/I	
CONSTRUCTION OF THE PARTY OF TH			/or investigation, in m							nd menner as stated.
					29c. LICENSE NU				1	ighth, Day, Year)
296. SIGNATURE AND TITLE OF CERTIFIER HERELLE CA	Min				7) 334	100		<b>▶</b> X/	02/	91

University Phury

Baltono

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P.

32. REGISTRAR'S SIGNATURE

lenai

5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

31. DATE FILED (Month, Day, AUG

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 0

21210

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	Ci.
	4/3

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ster death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

$\overline{}$							116	.u. 140.		
	1. DECEDENT'S NAME (First, Middle, L.	"MART	IN	) Jen	nie M	artin	2. DATE OF DE	DAY CONTRACT	YEAR 3.	1 DTP
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII	RTH Vent	8. BIRTHPL/ Country)	ACE (State or Foreign
	210.03.1814	1 🗆 M 2 🗡 F	75	YRS.	DAYS DAYS	HOURS MIN.	(Month./Day,		M	D
œ .	9a. FACILITY NAME (If not institution, g	ve street and number)	7(	9	b. CITY, TOWN	OR LOCATION OF D	EATH /	9c. COL	INTY OF DEAT	H
DIRECTOR	RESIDENCE OF DECEDENT	11001111			100				J/IC	
J.BE	Maryland 106. COL	Baltimore		10c. CITY, 1	TOWN OR LOCA		rlea			d. INSIDE CITY LIMITS?  YES 2 X NO
	10e. STREET AND NUMBER	Bartimore			1	of. ZIP CODE	<u>rrea</u>	10g. CIT	IZEN OF WHA	
FUNERAL	15A Mopec	Circle				2	1236	Uı	nited	States
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 X N		It yes, s	CENDENT OF HISPA pecify Cuben, Maxic	sn, Puerto Rican,		Black, W	American Indian, /hits, atc.
B	3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OF	R DATES		1 🗆 YE	S 2 NO Speci	fy:		Specify:	White
	t5. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	(G/	ve kind of wor	k done during n	ION ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		cal Se	ecretar	y Ret.	1			
Š	17. FATHER'S NAME (First, Middle, Last		-			·	AME (First, Middle,	, Maiden Surname)		
BE	Otto	Sc	harf			Ro			Bretz	el
5	Yvonne Bender			320.9	Woodh	and Number or Rural OME Aven		ty or Rown, State, Zi timore,		21234
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify)		More More	and M		nmetery, crematory or 1 8/6/91		Baltimo		stete Maryland
	21. SIGNATURE OF FUNERAL SERVICE  Multiple Services	Milton J	Knight	.Jr		ardJ. Ru	Ва	ltimore 5305		21214 rd Road
	23. PART i. Enter the diseases,	or complications that cou	sed()he de	ath. Do not			-			Approximata
	IMMEDIATE CAUSE (Finel	re. List only one cause o			15407	-44.16	0			Onset and Death
	disease or condition resulting in death)	a. DUE TO (OR /			CATICA	FAILU	re			
_		- CHRONI			CTIVE	pum	OMAR	y DISE	ASE	
OIL	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A				<u> </u>		,		
FICA	CAUSE (Disease or Injury	cDUE TO (OR A	AS A CONSEC	DUENCE OF):						
CERTIFICATION	that initiated events resulting in death) LAST	d								
	PART II. Other algnificant cond	tions contributing to dest	th but not r	eaulting in	the underlyi	na cause aiven ir	Part I. 24e.	WAS AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL	PULM	NARY EN	MBOLL					PERFORMED?	Al Co	MILABLE PRIOR TO OMPLETION OF CAUSE
MED	DNEW	NONIA		_						F DEATH?
ä										
SICI	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetlant 1		THER:	PLACE OF DEATH (C				_
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJU (Month, Day, Ye.	RY	28b. TIME (	OF 28c. If	me 5 Residence	_	E HOW INJURY O	CCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigat	on			M 1	YES 2 NO				
ED	3 Suicide 8 Could not 4 Homicide determine		URY — At ho Specify)	me, farm, str	eet, factory, off	cs	28t, LOCATION City or Tox	N (Street and Number vn, State)	er or Rurel Rou	te Number,
COMPLET	one) —	HYSICIAN: To the best of my k								nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERT	IFIER Cho				D 30	MBER 263	29d. DA	TE SIGNED (M	onth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, P	rint)					
		Lancas	T-10.							
	31. DATE FILED (Month, Day, Year)	5 1991 Julia		- Broke	DE.					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL INFORMATION AND THE CONTROL OF BEEN SIGNED by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 force. The page 1, 2, 3 should be filed within 72 force. The page 1, 2, 3 should be filed within 72 force. The page 1, 2, 3 should be filed at once. PHYSICIAN The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL FA TO THE TO THE FUNERAL NIFE DE RIED WITHIN 72

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT (	OF DEATH			
	1. DECEDENT'S NAME (First, Middle, Last) FRANCIS	G. MILLER		OI DEATH	2. DATE OF DEATH		3. TIME OF DEATH
NC.	4. SOCIAL SECURITY NUMBER  3.15 16 9468  9a. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (In yrs. le	YRS. MONTHS E	EAR IF UNDER 24 HRS. AYS HOURS MIN.  DWN OR LOCATION OF E		9c. COUNTY	BIRTHPLACE (State or Foreign author) ARY LAND OF DEATH
NAL DIRECTOR	10a. STATE 10b. COUNTY 10a. STREET AND NUMBER		10c. CITY, TOWN OR		0_	10g. CITIZEN	10d, INSIDE CITY LIMITS? 1 % YES 2 NO OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 12 YES 2 IF YES, GIVE WAR OR DATES	NO If y	S DECENDENT OF HISPA es, specify Cuban, Mexic YES 274, NO Speci			S.A.  RACE — American Indian, Black, White, etc.  Specify:
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL OCCU	ng most of working	16b. KIND OF BL	RA'L	RY
TO BE C	19a. INFORMANT'S NAME (Type/Print)	W. Miller	b. MAILING ADDRESS (S	MAI	REARST  Route Number, City or Ton	REN	(1)
	20s. METHOD OF DISPOSITION  Burial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)  21. SIGNATURE OF EUNERAL SERVICE LIC	oval from State	and DATE OF DISPOSITION OF THE PROPERTY OF T	FATTH ME AND ADDRESS OF FA	893 K	CATION — CHY CACO AL MORI	ES.
	23. PART I. Enter the diseases, or c shock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the de Liet only one cause on each line ACUTE DUE TO (OR AS A CONSE					Approximete interval Between Onset and Deat
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT)	DMA R DUENCE OF):  OMA DUENCE OF):	DESC	-	us	
MEDICAL	PART II. Other significant conditions					AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Y PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH	HOSPITAL:  1 Department 2 ER/Outpatient 3  28s. DATE OF INJURY (Month, Day, Veer)	OTHER: 4 Nursing 28b. TIME OF INJURY	6. PLACE OF DEATH (C) Home 5 Realdence : INJURY AT WORK?  YES 2 NO		INJURY OCCURE	D
COMPLETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER	28s. PLACE OF INJURY — At ho building, etc. (Specify)	ms, farm, street, factory,	offica	281. LOCATION (Street City or Town, State)		irel Route Number,
E COMP	(Check only	CIAN: To the best of my knowledge, de	ath occurred at the time, investigation, in my opini	date end piece, end due on, death occured at the 29c. LICENSE NUI	time, data and place, er	d due to the cau	
TO BE	Seema S	lood MD		Les. License NOI	MULN	P 7	NED (Month, Day, Year)

SIN

32. RESISTRAR'S SIGNATURE
Julia Davidson-Randall

1991

A

HOSP BALTIMORE

TO BE COMPLETED BY FUNERAL DIRECTOR

13146,
BOX
P.0.
RECORDS,
OF WITH
P.
DIVISION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAM: The Tay requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate, has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Fages 1: 2. 3 should be filed within 72 hours after death with the State Door, of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND .	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH A			21110
1. DECEDENT'S NAME (First, Mid	Doris Mako	wske		2. BATE OF DEAT	7, 1991	AR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  220 18 9333  90. FACILITY NAME (If not institute	A 1 □ M 2 M F	65 YRS. MO	UNDER 1 YEAR IF UNDER 2 INTHS DAYS HOURS  D. CITY, TOWN OR LOCATION	MIN. OKSA	1725 C	BIRTHPLACE (State or Foreign Sountry)  OF DEATH
Greater Balt	imore Medical Co	enter	Baltimore		Ba1	timore
	Baltimore		own on Location			10d. INSIDE CITY LIMITS? 1 YES 2 V NO
10e. STREET AND NUMBER		Date	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
8621 Valley	Field Road	IN U.S. ARMED	2109	3 HISPANIC ORIGIN? (Specif	v Yes or No.— 114.	S.A.  RACE — American Indian.
1 Never Married 2 Merr 3 Widowed 4 Divorced	forces? 1 Yes	2 NO		Mexican, Puerto Rican, etc		Black, White, etc. Specify:
	NT'S EDUCATION heat grade completed)  College (1-4 or 6+)		done during most of working stired.)	16b. KIND O	F BUSINESS/INDUST	
17. FATHER'S NAME (First, Middle	( and )	Libir	K-SALS	Dap	. 510	25
LARL LARL	GRUND		18. MOTH	PARY HIL	LFicks	3
190. INFORMANT'S NAME (Type/	Print)	19b. MAILING AC	ODRESS (Street and Number of		or Town, State, Zip Coo	36)
200. METHOD OF DISPOSITION	TRECORUS 2	b. PLACE OF DISPOSITI	ON (Name of cemetery, creme	ABOVE 20	c. LOCATION City	or Town, State
Burlel 2 Cremation 3	octfy)	OULARLY V	YELLA	1	imoni	m, MD.
21. SHOWATURE OF THE RAL SE	d Marsh		EVANS CHA		MES - Time	nium
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	DUE TO OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Lespina, COP	tong Fa	riline	Onset and Death
PART II. Other algolficant of	conditions contributing to death	but not resulting in	the underlying cause gi	PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	1	26. PLACE OF DE	ATH (Check only one)		
1 PES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year,	tpatient 3 DOA 4	Nursing Home 5 Res		OW INJURY OCCUR	EO
3 Suicide 8 Cou	sing stigation	₹Y At home, farm, stre	M 1 YES 2		Street and Number or I	Rural Route Number,
290. CERTIFIER 1 CERTIFIER	NG PHYSICIAN: To the best of my kno	wledge, death occurred		and due to the ceuse(e) en	d manner as stated.	
296. SIGNATURE AND TITLE OF	EXAMINER: On the beele of examiner  CERTIFIER  PROOF WHO COMPLETED CAUSE OF IT	ion and/or Investigation,  well  EATH (ITEM 27) (Type, Pr	29 C. DOEF	d at the lime, deta end ple  USE NUMBER  Von derv		puec(a) and manner as stated.  GRED (Moght, Day, Year)  VI GI  1 (MOGHT) 077
31. DATE FILED (Month, Day, Year, AUG 5	1991 32. REGISTRAR'S SIC	NATURE AND AND				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any other death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, AUG

5 1991

1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE O	F DEATH	W	YEAR	3. TIME OF DEATH
JOH	N	LEE		MOORE					22/91			8:44 A
4. SOCIAL SECURITY NUMBER	ER	6. SEX	6. AGE (In yr	s. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreig.
415-50-4889		1 M 2 D F	64	YRS.	MONTHS	DAYS	HOURS MIN.		15-26	;		enn.
9s. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWN (	OR LOCATION OF D	EATH		9c. COUN	NTY OF D	EATH
Maryland H		f Correc	tion		Je	ssur	0			An	ne A	rundel Co
RESIDENCE OF DEC	10b. COUNTY			10c. Cl	TY, TOWN O							10d. INSIDE CITY LIMITS?
MD	An	ne Arund	lel Co		Je	ssur						1   YES 2   NO
10e. STREET AND NUMBER						101	I, ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
	175	I a a a a a a a a a a a a a a a a a a a			1		20794	74 40044		US	-	
11, MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDED FORCES?	NT EVER IN U.S	S. ARMED			CENDENT OF HISPA ecity Cuban, Maxico			s or No-	Black	E — American Indian, k, White, atc.
3 Widowed 4 Divo			WAR OR DATE:	Honor		☐ YES	2 NO Spech	'y: NO			Spec	"y: Black
	EDENT'S EDU y highest grade	CATION		a. DECEDENT'S	S USUAL O	CUPATIO	ON ost of working		KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (C	-	College (1-4 or 5	+)	Ille. Do NOT		anny m.	ost or working				tou b .	
Elementry								Co	nstru	ction	/Kit	chenHelpe
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHER'S NA	AME (First, M	iddle, Meiden	Surname)		
19a. INFORMANT'S NAME (	Type/Print)			19b. MAILIN	G ADDRESS	(Street	and Number or Rural	Route Numb	er, City or Tow	vn, State, Zip	Code)	N WEST
Capt. Walte	er John	nson		Mary	land	Hou	se of Co	rrect	- X			
20a, METHOD OF DISPOSIT		noval from State	20b. PL	ACE OF DISP(	OSITION (Na	me of ce	metery, crematory or		20c. LC	CATION -	City or To	own, State
4 Donation 5 D Other	(Specify)i	n state	- 1									
21. SIGNATURE OF FUNERA			ld Wad	o Dir	22.	NAME A	NO ADDRESS OF FA	A OH LTN				
Andread.	1	- Lycelton					NU ADDRESS OF FA	ACILITY C	tata	Anato	msz T	anard .
	1 /1							5	tate		_	
June	///		e7/23				. Baltin	5			_	
23, PART L Enter the d	liseeses, or	( per	e7/23	/91	6	55 W	7. Baltin	nore S	St.,Ba	alto.	, MD	21201
		( per	at caused th	/91 ne deeth. Do	6	55 W	7. Baltin	nore S	St.,Ba	alto.	, MD	21201 Approximete interval Batv
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ahock, or h IMMEDIATE CAUSE (Flidisease or condition resulting in desth)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or Injutted Initiated events resulting in death) LAS  PART II. Other signification of the cause of the ca	eart failure.  nai  tions, diata iNG arry  ST  TO MEDICAL  Pending investigation  Could not be determined  TITFYING PHYS  DICAL EXAMIN	complications th Liet only one ca  a	at caused the suse on each of the suse on each of the suse on each of the suse	onsequence on the second of th	OF):  OF):  OF):  OTHE 4   Number of Nourred at the	26. Files 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Deltinopde of dying, such partial property of the property of	n Part I.  Check only one 28d. DES  28f. LOC. City use to the cause time, data	24a. WAS AA PERFO	N AUTOPSY PRIMED? 2 NO INJURY OC It and Numbers)	241  241  241  cured or or Rural  ated.	D. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randall

1 - FOR STATE REGISTRAR

ROBERT

212 09

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

1. DECEOENT'S NAME (First, Middle, Last)

MELTON

5874

FACILITY NAME (If not Institution, give street and number)

5. SEX

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	D ATTENDIAL DUVELOGAM. The four consists the death consists to make a death of the constant of
VISION	ATTENIORIE
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<u>S</u>	GREATER BALTIM	ORE MEDICAL CENTE	ER TO	DWSON		BALT	IMORE
DIRECTO	MD 10a. STATE 10b. COUR	NTY	10c. CITY, TOWN OR BALTIMOR				10d. INSIDE CITY LIMITS? 1 YES 2 N
FUNERAL	100. STREET AND NUMBER 1004 FULTON AVE			101. ZIP CODE 21217		10g. CITE	ZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 1 YES 2 1 N IF YES, GIVE WAR OR DATES	1 [	AS DECENDENT OF HISP, yes, specify Cubar, Maxie YES 2 NO Spec	can, Puerto Rican, atc.	Yea or No-	14. RACE — American Indian Black, White, atc.  Specify / ACK
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	de completed) (Gi	CEDENT'S USUAL OCC vs kind of work done du Do NOT use retired.)	CUPATION ring most of working	16b. KIND OF	BUSINESS/IND	USTRY
TO BE CC	17. FATHER'S NAME (First, Middle, Last)  19a, INFORMANT'S NAME (Type/Print)	mellow 196	. MAILING ADDRESS (	18. MOTNER'S N	E ALIDA I ROUTE Number, City or	2)	Code)
-	20g. METNOO OF DISPOSITION  1 Description 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	mel over 20b. PLACE A company, cree	ND DATE OF DISPOSITI	How Ave	BATTO 200.	LOCATION - C	1, 2/2/7 Olly or Town, State
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE L. Russ		AME AND ADDRESS OF	actions Fig.	verisi	Horne
	23. PART I. Enter the disease, of ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the data. List only one cause on sech lins.  CARDIORESPIRA  DUE TO (OR AS A CONSEO	ATORY ARRI		ch aa cardiac or ra	spiratory erre	Approximal interval Bell Onset and
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS A CONSECU		<u> </u>			
CERTIF	that initiated eventa reauting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF):				
MEDICAL	PART II. Other algorificant condition R/O SBC	ona contributing to death but not rad; CHRONIC INTESTI	NAL PSEUD	ariying cause given in DOBSTRUCTIO	N PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3 (	OTHER:	28. PLACE OF DEATN (C			
ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	Bc. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE NO	W INJURY OCCI	URED
	3 Sulcida 8 Could not be	28a. PLACE OF INJURY — At hom building, atc. (Specify)	ne, farm, atreet, factory	, offica	281. LOCATION (Stre City or Town, Sta	et and Number o	or Rural Route Number,
	4 Homicide detarmined						
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of my knowledge, dear	th occurred at the time	e, data and place, and dur	a to the cause(s) and r	menner as state	d. cause(a) and manner as state

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

DAVE

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATN

6. AGE (In yrs. last birthday)

YRS.

86

YEAR 91

9c. COUNTY OF DEATH BALTIMORE

No RTh

REG. NO.

31

04

2. DATE OF DEATN

7. DATE OF BIRTH (Month, Day, Year) 8 25 0

3. TIME OF DEATN

B. BIRTNPLACE (State of Foreign

> Approximata interval Between **Onset and Daath**

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE

07 53 PM

DHMH-16 Rav 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2, DATE OF DEATH MONTH 3. TIME OF DEATH
2 ! 20 1. DECEDENT'S NAME (First, Middle, Last) DAY 2! 01110 Moores 30 9 É 5. SEX 8. BIRTHPLACE (State or 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 m Year) DAYS 246-46-1499 HOURS 1 M 2 F YRS. 2 3 should 9a. FACILITY NAME (If not institution, gi 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Ben Secons Secons DIRECTOR 10a. STATE 10h COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY maryland 1 FYES 2 NO Allimore FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 606 bunial-transit mours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 MO Specify: 11 MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 14. RACE -**MARYLAND 21203-3146** 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced completely filled in by the funeral director, page 5 should be detached for use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most clife. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Specify only high A omemake 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) . 110 notified at BE 19a. INFORMANT'S NAME (Type/Print) 19h MAILING ADDRESS (Street and No. or Rural Route Number, City or Tower State, Zip Copfe) 9 must be BALTIMORE, 20a. METHOD OF DISPOSITION
1 Duriel 2 Cremetion 3 20b. PLACE OF DISPOSITION 20c. LOCATION - City or Town, State Cem mo 4 Donation 5 Other (Specify) 102 hunc 22 NAME AND ADDRESS OF FACILITY medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2-1 21 owe 2222 31 1 removai. 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause Interval Between been signed by the attending physician and completely filled in pt. of Health and Mental Hygiene prior to burial, cremation, or Onset end Death IMMEDIATE CAUSE (Final the disease or condition requires that the death certificate be executed within resulting in death) traumatic event, P.O. BOX 13146, CERTIFICATION Sequentially list conditions. if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Injury, or other that initiated events resulting in death) LAST DIVISION OF VITAL RECORDS, underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PISION TO COMPLETION OF CAUSE OF DEATH? 23 shows any 1 | YES 2 | 446 T YES 2 NO PHYSICIAN: THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has bifled within 72 hours after death with the State Dept. 25. WAS CASE REFERE 26. PLACE OF DEATH (Check only one Tem Tem OTHER: 1 TYES 2 TO NO ent 3 - ER/Outpetlent 3 - DOA ng Home 5 🗆 Residence 8 🗀 Other (Specify) 1 Eart 0 27. MANNER OF BEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked. t Matural м 1 YES 2 NO BY 2 C Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, siz. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Tawn, State) 3 Suicide 00 6 Could not be ETED. 4 - Homicide 28 Пеш 29a, CERTIFIER 1 DEERTIFYING PHYSICIAN: To the COMPL = MPORTANT AND TITLE OF CH 29d. DATE SIGNED (Month, Day, BE 2 2 3 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

AUG"

5 1991

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

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3	4. SOCIAL SECURITY NUMBER 2/2 -20 -7788	5. SEX	6. AGE (In yrs. lest b	VRS. IF UNDER	DAYS HOURS		OF BIRTH		BIRTHPLACE (Sta Country)	ste or Foreign
œ	9a. FACILITY NAME (If not institution,	give street and number	Poster	9b. CITY	TOWN OR LOCATION	n of DEATH	1.7	Sc. COUNTY	OF DEATH	(1)/(0)
DIRECTOR	RESIDENCE OF DECEDEN	OUNTY	CEATING	10c, CITY, TOWN C		7000	ry		T and more	
DIRE	Manyland	OUNTY		BALL	imore	/			10d. INSII LIMD 1 YES	IS?
FUNERAL	10a. STREET AND NUMBER		-+		10f. ZIP CODE	0 7		10g. CITIZEN	OF WHAT COU	ITRY?
	11. MARITAL STATUS		ENT EVEN IN U.S. ARMI		WAS DECENDENT OF	F HISPANIC ORIOIN	? (Specify Yea o	r No- 14.	RACE — Americ	en Indian,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced		1 Dres 2 □NO WAR OR DATES		If yes, specify Cuben  1   YES 2   100		Ricen, etc.)		Specify:	1
品	15. DECEDENT'S (Specify only highest		16a. DECE	EDENT'S USUAL O	CCUPATION during most of working	7 16b	KIND OF BUSH	NESS/INDUST	TRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or	i., 2	NOT use retired.)	Sility					
5	17. FATHER'S NAME (First, Middle La	st) 1/1/			18. MOTH	ERTS NAME (First)	Middle, Malden St	rname)	The	
H H	19a, INFORMANT'S NAME (Typo/Plint)	000	196.	MAILING ADDRES	S (Street and Number	or Rural Route Num	bgr, City or Town,	State, Zip Con	11/EU	
2	Mrs. KACher	Dors	ey /	513 N	monr	oe 51	BAL	6.9	nd, 2	12/
	20a. METHOD OF DISPOSITION  1 Deutel 2 Cremation 3   4 Donation 5 Other (Specify)		of cemetary, c	ND DATE OF DISP rematory or other		1 8%	20c. LOCA	ATION — City	or Town, State	nd
	21/SIGNATURE OF FUNERAL SERVI		- Comm	22 22	NAME AND ADDRES	IS OF FACILITY	EUN	ler pr	Hom	10.
	Joseph	Like	w	12	20011	North	Ave.	BALI	to Inda	12/0
	disease or condition resulting in death)		140 Card		VFard	hon			On	set and I
ERTIFICATION		bDUE 1		JENCE OF):	NE Umon				On	set and D
SAL CERTIFICATION	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	TO (OR AS A CONSEQUENCE OF CONTRACT OF CONSEQUENCE	JENCE OF):  JENCE OF):	Ne Umoń	uka	24a, WAS AN A PERFORM		24b. WERE AU	TOPSY FINDI E PRIOR TO
EDICAL C	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	TO (OR AS A CONSEQUENCE OF CONTRACT OF CONSEQUENCE	JENCE OF):  JENCE OF):	Ne Umoń	uka		ED?	24b. WERE AU AMALABL COMPLET OF DEATH	TOPSY FINDIO E PRIOR TO ION OF CAU
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ETED BY PHYSICIAN: MEDICAL C	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investig 3 Suicide 8 Could not determine the condition of the could not be conditioned by the could not be conditioned to the could not be conditioned by the conditioned by t	b. DUE 1  c. DUE 1  d. DUE 1  published 28e. DATE (Month, 10)  gation 28e. PLACE building 1  PHYSICIAN: To the best	TO (OR AS A CONSEQUENCE OF INJURY — At home of my knowledge, deat	JENCE OF):  JENCE OF):  JENCE OF):  aulting in the u  DOA 4   Nu  28b. TIME OF INJURY M  No, form, street, fac	nderlying ceuse g  26. PLACE OF DE R: rsing Home 8 Re 26c. INJURY AT WORK? 1 YES 2 thory, office	EATH (Check only or sidence 8 Other 28d. DE: Other cond due to the ce	PERFORM  1 VES 2 [  or (Specify)  SCRIBE HOW IN.  EATION (Street en or Town, State)	JURY OCCUR  d Number or	24b. WERE AU AMALABL COMPLET OF DEATH 1 YES	TOPSY FINDING TO ION OF CAUSE 17 St. 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investig 3 Suicide 8 Could not determine the condition of the could not be conditioned by the could not be conditioned to the could not be conditioned by the conditioned by t	b. DUE 1  c. DUE 1  d. DUE	TO (OR AS A CONSEQUENCE OF INJURY — At home of my knowledge, deat	JENCE OF):  JENCE OF):  JENCE OF):  aulting in the u  DOA 4   Nu  28b. TIME OF INJURY M  No, form, street, fac	26. PLACE OF DE R: 10 YES 2 Control of time, dete and place, opinion, death occur	EATH (Check only or sidence 8 Other 28d. DE: Other cond due to the ce	PERFORM  1 VES 2 [  Per (Specify)  SCRIBE HOW IN.  CATION (Street error Town, State)  use(a) and manner and place, and	JURY OCCUR  d Number or	24b. WERE AU AMALABL COMPLET OF DEATH 1 YES	TOPSY FINDING TO ION OF CAU: 17 3 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1	b. DUE 1  c. DUE 1  d. DUE	TO (OR AS A CONSEQUENCE OF INJURY A CONSEQUENCE OF INJ	JENCE OF):  JENCE	26. PLACE OF DE R: 10 YES 2 Control of time, dete and place, opinion, death occur	EATH (Check only or sidence 8 Other 28d. Dec. Other 28f. LOC City	PERFORM  1 VES 2 [  Per (Specify)  SCRIBE HOW IN.  CATION (Street error Town, State)  use(a) and manner and place, and	JURY OCCUR  d Number or	24b. WERE AU AMALABL COMPLET OF DEATH 1 YES	TOPSY FINDING TO ION OF CAU: 17 3 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1	DUE 1  c. DUE 1  d. DUE 1	TO (OR AS A CONSEQUENCE OF INJURY A CONSEQUENCE OF INJ	JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JUNCE	26. PLACE OF DE R: 10 YES 2 Control of time, dete and place, opinion, death occur	EATH (Check only or sidence 8 Other 28d. Dec. only on and due to the care of at the time, date	PERFORM  1 VES 2 [  Per (Specify)  SCRIBE HOW IN.  CATION (Street error Town, State)  use(a) and manner and place, and	JURY OCCUR  d Number or	24b. WERE AV AMILABIL COMPLET OF DEATH 1 YES RED RED RUREI Route Numb	E PRIOR TO ION OF CAUSE!
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1	DUE 1  c. DUE 1  d. DUE 1	TO (OR AS A CONSEQUENCE OF INJURY A CONSEQUENCE OF INJ	JENCE OF):  JENCE	26. PLACE OF DE R: 10 YES 2 Control of time, dete and place, opinion, death occur	EATH (Check only or sidence 8 Other 28d. Dec. only on and due to the care of at the time, date	PERFORM  1 VES 2 [  Per (Specify)  SCRIBE HOW IN.  CATION (Street error Town, State)  use(a) and manner and place, and	JURY OCCUR  d Number or	24b. WERE AV AMILABIL COMPLET OF DEATH 1 YES RED RED RUREI Route Numb	TOPSY FINDI TOPSY FINDI TON OF CAU: 17 3 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

100. STREET AND NUMBER

1 Never Merried 2 Merried

3 Widowed 4 Divorced

11. MARITAL STATUS

FUNERAL DIRECTOR

BY

COMPLETED

BE 2

certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

4. or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, is

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE CITY

REGISTRAR		CERTIF
1. DECEDENT'S NAME (First, Middle, Last)		
MARY MONROE		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)
459-40-0073	1 🗆 M 2 📫 F	4 YRS.
9a. FACILITY NAME (If not institution, give :	street and number)	
UNION MEMORIAL	HOSPITA	L
RESIDENCE OF DECEDENT		* ==
MARVIANO 106. COUNT	Υ	Br

2. DATE OF DEATH	DAY OZ	YEAR 91	3. TIME OF DEATH
7. DATE OF BIRTH (Month, Day, Year)	27	8. BIRTI	HPLACE (State or Foreign

27	7	TEXAS	
90	cou	NTY OF DEATH	

10d. INSIDE CITY LIMITS? 1 YES 2 | NO

10g. CITIZEN OF WHAT COUNTRY?

BAHLIMORE 101, ZIP CODE 21

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cube

1 YES 2 NO Specify:

8

14. RACE — American Indian, Black, White, etc.

15. DECEDENT'S (Specify only highest	
nentary/Secondary (0-12)	College (1-4 or 5 +)

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES

16b. KIND OF BUSINESS/INDUSTRY

DE HAWKINS	MATIE MC
ARENCE SPENCER	1658 BADGET AVE.

METHOD OF DISPOSITION Buriel 2 Cremation 3 D Re 1 Buriel 2 Cremetion 3 C

ACE AND DATE OF DIS

16a. DECEDENT'S USUAL OCCUPATION

Mo

23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of abook, or heart fallure List only one cause on sech line.

RESPIRATORY

Approximeta Interval Between **Onest and Death** 

IMMEDIATE CAUSE (Final disease or condition resulting in death)

RESPIRATORY

DUE TO (OR AS A CONSEQUENCE OF): CHRONIC DUE TO (OR AS A CONSEQUENCE OF):

DISEASE OBSTRUCTIVE PULMONARY

Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

กเ	contributing to death but not resulting in the underlying cause given in Part	I.

	N AUTOPSY ORMED?
1 🗌 YES	2 NO

PKWA

24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 YES 2 NO

PART II. Other significant condition

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 4 🗆 Nu ng Home 5 🗆 Residence 6 🗆 Other (Specify) 28e. DATE OF INJURY

27, MANNER OF DEATH 1, Natural

2 Accident

3 Sulcide

Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 8 Could not be determined

28c. INJURY AT WORK? 26b. TIME OF INJURY

28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

4 Homicide 29e. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated.

296. SIGNATURE AND TIFEE OF CERTIFIER MD 30. NAME AND ADDRESS OF PERSON

29c. LICENSE NUMBER

U. WINERSITY

29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MENAJOVSKY LEON 201 EAST 3

31. DATE FILED (Month, Day, Year) AUG 5 1991 2. REGISTRAR'S SIGNATURE Tilia Davidson-Randalle

223

MP

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIE		21102	
	1. DECEDENT'S NAME (First, Middle, Last) Liv Mosta	đ				2. DATE OF GEATH AND .03,		3. TIME OF DEATH	
	217-20-4912	1 □ M 2 🏹 F	(in yrs. lest birthday) 74 yrs.	IF UNDER † YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	7. Date of Birth 8. Birthplace (State or Norway		
TOR	90. FACILITY NAME (If not institution, give size 3739 McTavish Ave	39 McTavish Avenue Baltimore						MOLG TWOLG	
DIRECTOR	10a. STATE 10b. COUNTY Balt		10c. C/1	TY, TOWN I'V. TOWN	Wie e		10d. INSIDE CITY LIMITS? 1 YES ZXX NO		
FUNERAL	3739 McTavish Ave			10	or. zip 21229		N OF WHAT COUNTRY?		
B₹	11. MARITAL STATUS 1 Never Married 2XXXMarried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	IT yes, s	DEEDENT OF HISPA Decity Cuban, Maxie S 2 NO Spec	ANIC ORIGIN? (Specify Yo can, Puarto Rican, stc.)	98 or No- 14	Black, White, aic.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired ;	CUPATION 16b. KIND OF BUSINESS/INDUSTRY  aVON				
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Malder	n Surname)		
BE (	Thorlief Holthe								
5	99. INFORMANT'S NAME (Type/Print) Sten William Mos	tad	3739	McTavis	and Number or Aura h Avenue	Acute Number, City or Tool Baltimore	wn, State, Zip Co	Md 21229	
	20a. METHOD OF DISPOSITION  1  Burlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	at Irom State 20b	PLACE AND DATE	of disposition (N		DATE 20c. LO		or Town, Stata	
	21: SIGNATURE OF FUNERAL SERVICE LICEN	assey .	2		ND AODRESS OF F	Spring Ro	Funer	al Home	
	23. PART I. Enter the diseases, or con	mplications that caused	the deeth. Do r	not anter the mo	ode of dyling, au	ch as cerdiec or resp	olratory erres	, Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  RUPTURED ARTERIAL GRAFT SITE (RIGHT FEMORAL BORLITEAL BY PASS GRAFT Onaet and Death Onaet and								
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  BME TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significent conditions of OTABETES MELLITUS	Pert I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PI	ACE OF OEATH (C	heck only one)			
YSI	1XXYES 200	OSPITAL:	ntiant 3 🗆 DOA	OTHER: 4  Nursing Hon	e 5 ABasidence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide detarmined	28I. LOCATION (Street City or Town, State)	and Number or I	Burel Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	IN: To the best of my knowle On the besis of examination	edge, desth occurre	ed at the lime, date	and place, and due	to the cause(a) and man	nner as atsted,	suse(a) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Not	4-		29c. LICENSE NU			GNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM 27) (7ma	Print)	0147	48	8-	59	
	A. Shams Pira	radeh M	D. 7		aiden	Choice E	aug. S	30 1 mD 2 228	
	AUG 5 1991	Fina Dan Sign	Turanda						

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF HE	ALTH AND ME	ENTAL HYGIENI REG. NO.	E 91	21183		
	1. DECEDENT'S NAME (First, Middle, Las SAMUEL	F,		1ARANTO		DATE OF DEATH	v year )4 Q1			
	4. SOCIAL SECURITY NUMBER 220-14-0420		E (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	8. BIR	THPLACE (State or Foreign		
OR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH 99. COUNTY OF DEATH 99. COUNTY OF DEATH									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		TOWN OR LOCATIO		1 3.A. COUNT					
	MARYLAND A	NNE ARUNDE		BURNIE		10d, INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	353 GATEWATER	COURT APT		1060		U.S.A.				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED	13. WAS DECEN		ORIGIN? (Specify Yes Puerto Rican, etc.)	Yas or No. 14. RACE — American Indian.			
TED	15. DECEDENT'S Et (Specify only highest gra	de completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during most	of working	16b. KIND OF BUS	INESS/INDUSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			BARBER	BARB	ER SHO	P		
BE CO	17. FATHER'S NAME (First, Middle, Linst) PAUL MARANTO				8. MOTHER'S NAME CONSETT	(First, Middle, Maiden S				
10	199. INFORMANT'S NAME (Type/Print) DOROTHY MARAN	TO				PT:201-G		21060 RNIE, MD.		
	20a METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Re 4 Donation 5 Other Specify)	moval from State	DE PLACE AND DATE OF LIFE LEN HAVE	DISPOSITION (Name	of	DATE 20c. LOCATION — City or Town, State 8/8 GLEN BURNIE, MD.				
	21. SIONATURE OF FUNERAL SERVICE		fmens	22. NAME AND	ADDRESS OF FACILI	TY				
CERTIFICATION	RAYMOND C. FINK FUNERAL HOME 126 CRAIN HWY.S.W.GIEN BURNIE, MD.  23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate intervei Between Onset and Death disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II, Other algnificant condition	ona contributing to death	but not resulting in	the underlying o	suse given in Per	24a. WAS AN A PERFORN 1 YES 2	AED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	E OF DEATH (Check					
BY PHYSICIAN:	27. MANNER OF DEATH  1. Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJUR WORK		d. DESCRIBE HOW IN.	JURY OCCURED			
	2 Accident Investigation 3 Suicide 6 Could not be determined	I not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number,								
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know	wiedge, death occurred on and/or investigation,	et the time, deta an	d place, and due to t	he cause(a) end mann	ner ea stated. due to the cause	(a) and manner sa stated,		
TO BE C	296. SIGNATURE AND TITLE OF CERTUFI	Malel	euch x		OC. LICENSE NUMBER	~/	294. DATE SIGNE	Moran bus veges		
	RUSSELL DELUCA,	M.D./3001 S.	HANOVER S	STREET/B	ALTIMORE,	MARYLANI	D 21230	9		
	AUG 5 1991	# REGISTBAR'S SIGN								

DALLINORL, MAIL LAIL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the destingentings by mescared within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended provided and continued filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
100:00	necuted within 24 hours after	and companies filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyperia prior to bursal, cremation, or removal.	atic event, the medical
incinc to the second	if the deathscentificates be by	by the attended physican a	nd Mental Hygiene prior to	Injury, or other traum.
	ICIAN: The law requires that	sertificate has been signed	the State Dept. of Health a	or item 23 shows any
	PITAL OR ATTENDING PHYS	ERAL DIRECTOR: After this of	in 72 hours after death with	T: If item 28 is marked,
	TO THE HOS	TO THE FUN	be filed with	IMPORTAN

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF I	EALTH AND	MENTAL HYG		21184	
	1. DECEDENT'S NAME (First, Middle, Last)	Rage	isk	A = 0.	DEATH	2. DATE OF DEAT	H DAY	YEAR 3, TIME OF DEATH A.	
	4. SOCIAL SECURITY NUMBER 218 03 4118	15€M2□F 7	in yrs. lest birthdey)	IF UNDER 24 HRS. HOURS MIN.	C. Divitir Cook State of Foreign				
TOR	99. FACILITY NAME (If not institution, give st		DEATH	9c. COUNT	Y OF DEATH				
DIRECTOR		BATTORS 10c. CITY.			TOO		10d. INS		
FUNERAL		ROLL ROAC		10	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO	If yes, sp	ecity Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specifican, Puerto Ricen, etc.)	y Yes or No— 1	No— 14. RACE — American Indian, Black, White, atc.  Specify:	
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEOENT'S US (Give kind of work life. Do NOT use n	done during mo	ON sst of working	16b. KIND OF	BUSINESS/INDU	STRY	
SOMP	17. FATHER'S NAME (First, Middle, Last)	2YRS.	SELF	- 5mf	18. MOTHER'S NA	AME (First, Middle, Ma	SURANG	is Broker	
86	190. INFORMANT'S NAME (Type/Print)	llovi		ORESS (Street a	251	Route Number, City or	2mB	Rousky	
5	FAMILY R	SCOROS	PLACE AND DATE OF C	SAME	AS AG	Bovs			
	1X Buriel 2 Cremetton 3 Remoted Donation 5 Other (Specify)	rval from Stata	atery, crematory or other	place)	1. Cism.	131	GLENCE	y or Town, State	
	+ Days de	Sano. h		1232	DADDRESS OF FA	ROAN	-Hime	Monium	
	23. PART I. Enter the diseases, or co ahock, or heart fellure. L IMMEDIATE CAUSE (Final	omplications that caused let only one cause on ea	the deeth. Do not ch lins.	enter the mo	de of dying, suc	ch as cerdiec or n	eepiratory arree	t, Approximate intervel Batween Onset and Death	
	disease or condition resulting in death)	DUE TO (OF AS A	CONSEQUENCE OF):	Ca	nemo	ma of	huno	9 men	
LION	Sequentisity list conditions, if any, leading to immediate  Due to (OR AS A CONSEQUENCE OF):								
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):						
- 41	resulting in death) LAST	•							
DICAL	PART II. Other significent conditions	contributing to desth bu	it not resulting in t	he underlying	csuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE	
PHYSICIAN: MEDICAL						_		OF DEATH?	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpar		THER:	ACE OF DEATH (Ch				
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT RK?	8 Other (Specify) 26d. DESCRIBE HO	W INJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Sutcide S Could not be determined determined determined Investigation S City or Town, Stete)  M 1 YES 2 NO  286. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify)  City or Town, Stete)  287. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)							Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one)	IAN: To the beat of my knowle	dga, death occurred at	t the time, data	end place, end due	to the ceuse(s) end	manner as stated.		
	2 MEDICAL EXAMINER 296_SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	and/or investigation, in		29c. LICENSE NUI	ABER		euse(s) end manner as stated.	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEAT	M D	ar)	soi Lo	396	100	1730 1991	
	Davis In Halis 31. OATE FILEO (Month, Day, Year)			5	od los	CH RA	ren P	LVO	
	AUG 5 1991	32. FEGISTRAINS SIGNAT	n-Mandell	8					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MAI	BALTIMORE, MARYLAND 21215-0020	E
FIOURS	w the hospital or attending physician	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cemarkin, or removal.	be detached for use as the burial-transit permit, Pages 1, 2, 3 should	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	at once.	

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEP.	ARTMENT OF	HEALTH AND		IENE 9	1 21	85
	1. DECEDENT'S NAME (First, Middle, Last)  DARRIN  Dari	en A.		NORRIS		2. DATE OF DEAT	TN	3. TIME OF 21:	
	4. SOCIAL SECURITY NUMBER	1 📉 M 2 🗌 F	AGE (In yrs. lest birthde 26 yns	MONTHS DAY	The second section is a second	7. DATE OF BIRT (Month, Day, Ye 4 - 12	-1965	B. BIRTHPLACE (State Country)  md	1
TOR	90. FACILITY NAME (If not institution, give s 2000 E. NORTH RESIDENCE OF DECEDENT			9c. COUNT	Y OF DEATH				
DIRECTOR	10s. STATE 10b. COUNT	Υ		CITY, TOWN OR LO	TY 10d. INSIDE CITY LIMITS?				
BY FUNERAL	1929 PENNSYLV	10f. ZIP CODE					J.S.A		
	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	It yes,	ecendent of Hispa specify Cuban, Maxic ES 2 XNO Speci	an, Puarto Rican, etc	fy Yea or No 1	4. RACE — America Black, White, etc. Specify: BLA	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind life. Do NO	T'S USUAL OCCUPY of work done during T use retired.)	most of working	16b. KIND O	F BUSINESS/INDU		
	17. FATHER'S NAME (First, Middle, Last) GEORGE	N	ORRIS	MPLOYED		AME (First, Middle, Mi			
TO BE	19a, INFORMANT'S NAME (Type/Print)  JUDY MOODY				et and Number or Rural	Floute Number, City of			21217
	20s. METHOD OF DISPOSITION  TO Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b.PLACE AND DATE OF BALTIM	TE OF DISPOSITION	Name of	DATE 20	c. LOCATION — CI		21217
	21. SIGNATURE OF FUNERAL SERVICE LIC	EENSEE OLA			C. MARCH		101 E.	NORTH	AVE.
	23. PART I. Enter the diseases, or shock, pr heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Gus	used the death. Done each line.  AS A CONSEQUENCE	500-5	node of dying, aud	ch aa cardlac or r	aapiratory arras	Intan	oximata ral Between t and Death
CERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	<u>.</u>	AS A CONSEQUENCE						
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to daa	th but not resultin	PER	S AN AUTOPSY RFORMEO?	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH?	RIOR TO I OF CAUSE		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:	Outpatient 3 XDOA	OTHER:	PLACE OF OEATN (Ch				
BY PH	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJU (Month, Day, Ye 7 - 25 - 9	ar)	IME OF 28c. II	NJURY AT VORK?	28d. OESCRIBE NO	ECT SHC		
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJ building, etc. (	281. LOCATION (Street and Number or Rural Route Number, City of Town, State) 2000 E. NORTH AVE.BALTO.						
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC 2 MEDICAL EXAMINEI	CIAN: To the best of my k	nowladga, death occu ation and/or investiga	irred at the time, da tion, in my opinion,	te and place, and due death occured at the	to the cause(s) and	manner se stated.		
TO BE (	290. BIGHATURE AND TITLE OF CERTIFIES	m			29c. LICENSE NUM	MBER		GNED (Month, Day,	
	30. NAME AND ADDRESS OF PERSON WING  31. DATE FILED (Month, Day, Year)	KON	111	PENN S	STREET B	BALTIMOE	RE,MARY	LAND 2	201
	AUG 5 1991	32. REGISTRADES S Gruna Dav	Idon-Randel	2					

	TO DE COMPIETED DU BUICOLOITE MANAGEMENT CONTRACTOR
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detach	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach
er death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
BALTIMORE, MARYLAN	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91 21186 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH												
- 3	Leo Paul No	rris							MONTH	DAY		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF LIMBE	R 24 HRS.	Augus		719		1PLACE (State or Foreign
	216-20-9581	1 🖾 M 2 🗆 F		4 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	207	Country)	
	9e. FACILITY NAME (If not institution, give a	treet and number)			Oh CIT	V TOWN				JULY 15,1927 BALTIMOR			
TE	Calvert Memorial Hospital					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
21	RESIDENCE OF DECEDENT					Prince Frederick, Md. Calvert						rt	
DIRECTOR	10e. STATE 10b. COUNTY 10c. CIT				Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
ā	MARYLAND ST. MARY'S DA				MERON								LIMITS? Y
A	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF			ZEN OF V	WHAT COUNTRY?
E	EASLEY ROAD, GENERAL DELIVERY						2062	.8				U.S.	Α.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					WAS DE	CENDENT	OF HISPAN	IIC ORIGIN? (Spe	ctfy Yea	or No-	14. RACE	E — American Indian,
BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	YES 2 N	10			2 XIO		n, Puerto Rican,	etc.)		Speci	k, White, etc.
													WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	CEDENT'S	work done	during me	ON ost of work	ing	16b. KIND	OF BUSI	NESS/INC	DUSTRY	
7 1	Elementary/Secondary (0-12) 11TH	College (1-4 or 5	+)	eman									
ž I	17. FATHER'S NAME (First, Middle, Last)		111	eman									
	LEO A. NORRI	C							ME (First, Middle, J. HAI		iumeme)		
BE	190. INFORMANT'S NAME (Type/Print)	3											
2	CHARLOTTE MAY NO	PRTS							Route Number, City				D. 20628
	20a. METHOD OF DISPOSITION	MILD						WL D		_		-	
1	1 XBuriel 2 Cremetion 3 Reme 4 Donation 5 Other (Specify)	oval from State	20b. PLACEA cometery, cred DULA					TAT	8/7			City of To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	DULA	NEY				SS OF FA		COI	CKEY	SVIL	LE
	DP +0	11 ) 0							AL HOME	INC	C.		
	Mistopher	HI MUG	V		4	107	WILK	ENS	AVENUE,	BA	LTIM	ORE,	MD. 21229
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest,  Approximate												
	interval Batween  Onest and Death												
	disease or condition a. CARDIO PLUMONARY A RREST.  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. Acute myocandial INFARCTION												
MEDICAL CERTIFICATION	Sequentially list conditions, b. ACUTE MYOCARDIAL INFARCTION												
F	DUE TO (OR AS A CONSEQUENCE OF):												
윤	CAUSE (Disease or injury												
E	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
2	d												
¥	PART II. Other aignificant condition	contributing to	death but not re	auiting	in tha ur	ndariyin	g cauae	given in i		WAS AN A		24b.	WERE AUTOPSY FINDINGS
음													COMPLETION OF CAUSE
W.									OF DEATH?			1 YES 2 NO	
ž I													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF O	EATH (Che	ick only one)				
YS.	1 TES 2 NO		ER/Outpatient 3	□ DOA	4 Nur		e 5 🗆 R	sidence	8 - Other (Speci	fy)			
표	27. MANNER OF DEATH  1 Netural 5 Pending	28e. OATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. DEŞCRIBE	HOW IN	URY OCC	URED	
à l	2 Accident Investigation				M		YES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE O building,	F INJURY — At hor etc. (Specify)	ne, term, s	treet, fact	tory, offic	•		28f. LOCATION ( City or Town	Street and	d Number	or Rural A	oute Number,
COMPLETED													
릴	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, des	th occum	d at the t	ime, date	and place	, end due	to the ceuse(s) a	nd mann	er es state	ed,	
Š	one) 2 MEDICAL EXAMINE	R: On the besis of a	xamination end/or in	westigatio	n, in my o	pinion, d	eath occur	red at the t	time, data and pi	aca, and	due to the	e cause(a)	and manner es stated.
BEC	SIGNATURE AND TITHE OF CERTIFIER	1/5	7				29c. LIC	ENSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
	Khis VID	The	G .				CO	982	. 1		> 8/	3/4	9/
일	ME NAME AND AGORESS OF PERSON WHO	COMPLETEO CAU	OF OEATH (ITEM	27) (Type,	Print)							-1	-
	Dr. James Dam	alduji	Prince	Fre	der	ick	, Mc	1.	20878			٠	
	31. DATE FILEO (Month, Day, Year)	32 REGISTRA	Prince R'S SIGNATURE		- 1								
	AUG 5 190	11 Silia	Savidson-V	Styla									
	7000	9 4 /	along the	-									

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ansit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, F.O. BOX 13148,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	2	2	8	Ξ	

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF THE PERTURE	MENT OF H	EALTH DEAT	AND N		HYGIENE REG. NO.	9	1 21101		
	1. DECEDENT'S NAME (First, Middle, Last)	GEORGE W. OGL					JULY	31,	1991 YE	3. TIME OF DEATH 7:55 a.m M		
	4. SOCIAL SECURITY NUMBER 213-09-0047	8. SEX 6. AGE (in yrs. in 1/2 M 2 D F 76	UNDER 1 YEAR NTHS DAYS	MIN.	7. DATE OF BIRTH (Month, Dey, Year) 9-11-1914  8. BIRTHPLACE (State or Foreign Country) MARY LAND							
OR		PKINS HOSPITAL  9b. CITY, TOWN OR LOCATION OF DE BALTIMORE CITY						9c. COUNTY OF DEATH BALTIMORE CITY				
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MARY LAND DO	RCHESTER	10c. CITY, T	OWN OR LOCAT	RIDG	F.			10d. INSIDE CITY LIMITS?  1 YES 2 XX0			
IAL	10e. STREET AND NUMBER	Kenestek		101	ZIP CODE					OF WHAT COUNTRY?		
INER	1246 HUDSON ROAD	12. WAS DECEDENT EVER IN U.S. A	ARMEO	13. WAS DEC	ENGENT O	216		(Specify Yee		RACE — American Indian,		
B	1 Never Merried XX Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 FIFYES, GIVE WAR OR DATES	NO	If yes, sp		, Mexicar	n, Puerto Ric		1.3	Black, White, etc. Specify: WHITE		
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	completed) (	DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	st of workin		373	UNO OF BUS	INESS/INDUST	RY		
OMP	8TH GRADE  17. FATHER'S NAME (First, Middle, List)	N/A	STEAMF	ITTER				ddle, Meiden	Sumame)			
BE C	CHARLES A. OGLE						ONIG					
10 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AE									
	FILA N. OGIF	20b. PLAC	246 HU				BRIDG		RYLAND CATION — CHY	21613 or Town, State		
	1√ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	OAK	LAWN					BAL	TIMORE	MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE U	Fish!			RUCK	FUN	IERAL		OF DUN	DALK INC.		
	MANAGORATE CALLOR (Final	List only one couse on each lie	na.						ratory arrest.	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  A DULT RESPIRATORY DISTRIBUSES SYNORWARE 2 DAY OF THE CAUSE (Disease or injury that initiated events resulting in death) LAST  LANDIO PULMONARY ARMY ARMY ARMY TO STRUCKS TO											
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	ns contributing to death but no	t resulting in	the underlyin	g cause (	given in	Part i.	24a. WAS AN PERFOR	IMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF D	EATH (Ch	eck only one	)				
YSIC	1 TES 2 NO	HOSPITAL: 1 Department 2 ER/Outpatient	3 🗆 DOA   4	OTHER:		sidence						
ву рн	27. MANNER OF/DEATH  1 Netural 5 Pending 2 Accident Investigation								EO			
	2' Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)									Rural Route Number,		
COMPLETED	(Critical Oring)	SICIAN: To the bast of my knowledge, ER: On the basic of examination end/			-							
8	Se SIGNATURE AND TITLE OF CENTRAL	MO			29c. LIC	ENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)		
٤(	1 1	HO COMPLETED CAUSE OF DEATH (T	11		11-	0,+	ν.					
	31. DATE FILED (Month, Day, War)	32. REGISTRAR'S SIGNATURE	E TOPP	102	105/	117.						

		FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HE		MENTAL HYGIENE		91 211
		1. DECEDENT'S NAME (First, Middle, Last)	D.	0+12-		-	2. DATE OF DEATH	Z ZEAJ	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIR	THPLACE (State or Foreign
P.		040-46-0711	1 - M 2 F 2/	14 YRS.		HOURS MIN.	Month, Pay, Year	-7 PC	OLAND
3 should	<u>«</u>	90. FACILITY NAME (If not institution, give st	levtern,	n 1 0	9b. CITY, TOWN OR	- 0	WY NITE	9c. COUNTY OF	DEATH
ss 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			TOWN OR LOCATIO		2.1016		10d. INSIDE CITY
permit. Pages 1, 2,			NNE ARUNDE	EL		BURNIE			1 YES 2 NO
sit perm	FUNERAL	100. STREET AND NUMBER 6388-A CENTENNI	AL PLACE			21061			F WHAT COUNTRY?
physician. burial-transit	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMEO	13. WAS DECEN	NDENT OF HISPAN	HC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No 14. RJ	ACE American Indian, lack, White, etc.
	ВУ	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DA			∑KNO Specify			vecity: VHITE
se att	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEOENT'S I (Give kind of w life, Do NOT us	USUAL OCCUPATION ork done during most	of working	18b. KIND OF BUS	INESS/INDUSTRY	
hospital or ached for u		Elementary/Secondary (0-12)  1.2	College (1-4 or 5+)	HOUS	SEWIFE		HOMEM	AKER	
der der		17. FATHER'S NAME (First, Middle, Last)  JON SMOGORA			- 1	18. MOTHER'S NA MARIA	ME (First, Middle, Maiden S	Sumame)	
retained by 5 should be notified at	O BE	19a. INFORMANT'S NAME (Type/Print)				Number or Rural I	Route Number, City or Town		
	10	HARRY T. PIOTE			-A CENT			BURNIE	E, MD. 21061
rector, pa		1 Burial 2 Cremation 3 Remo	wel from State	other place)	SS CEME			ELSON	
ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF PANEZIAL SERVICE LIC	ENSEE	Iman	RAYMOI		FINK FUNE		
hs after de n by the fu removal.		23. PART I. Enter the diseases, or o	complications that caused	the death. Do n			WY.S.W.GL		RNIE, MD.
PoE		shock, or haert felluse. I	List only one cause on a	ach line.					Interval Betwee
nted within 2: completely fills ial, cremation, cevent, the		diseesa or condition resulting in deeth)	OULUS	CONSEQUENCE OF	Wo	wwo	1 /te.	Ad-	
ed	Z	Sequentially list conditions,	b						
be excian a cian to to raum	ATIC	If eny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	):				
death certificate attending physient price price and Hygiene price int, or other ti	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	):				
the death certi y the attending od Mental Hygie Injury, or oti			d.				Bank Landana		<u> </u>
and and	ICAL	PART II. Other significent condition	e contributing to death b	ut not resulting )	n the underlying	csuse given in	Part I. 24a. WAS AN PERFORE	MED?	246. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires these signed s	MED							*	DF DEATH?  1 YES 2 NO
law has be Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Ch	eck anly one)		N/A
iclan: The ertificate h the State I or Item	YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp		OTHER: 4 - Nursing Home	_			
Attair this a death with t marked,		27. MANNER OF DEATH  1 Netural 5 Pending   Investigation	OS 02	91 5:1	NOW YOU	K?	SUBJECT		SELF
	ED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, a			281. LOCATION (Street a City or Town, State)	nd Number of Rul	BURNIE, MD.
SHO DIE	E	29a. CERTIFIER	CIAN: To the best of my know		ed at the time, date a	nd place, and due		TENNI.	AL PLACE
世 女な =	COMPLET	anal and	R: On the beels of examination						se(s) end menner as stated.
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	2	0 7	onulu	29c. LICENSE NUI	MBER COCIA	29d. OATE SIGN	NEO (Month, Day, Year)
5 5 3 <b>8</b>	5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,		000	0009	- 0/	17/7/
		31. OATE FILED (Marita Day Year)	32. REBISTRAR'S SIGN	55, M	D P	0-B	x 49		20711
		AUG 5 199		son-Randal	2				

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	FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HEALTH AND FIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	31 21189			
200	1. DECEDENT'S NAME (First, Middle, Last) MARIAN		INN	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 011-26-6522	5. SEX 1 M 2 X F  8. AGE (In yrs. last birth	MONTHS DAVE MANNE AND	7 7 7	a. BIRTHPLACE (State or Foreign Country)  VERMONT			
TOR	98. FACILITY NAME (If not institution, give GREATER BALTI RESIDENCE OF DECEDENT	etreet end number)  IMORE MEDICAL CENTE	86. CITY, TOWN OR LOCATION OF I	DEATH 9c. COUN	9c. COUNTY OF DEATH BALTIMORE			
AL DIRECTOR	10s. STATE 10b. COUNT	ROLINE 10c	BALTIMORE  101. ZIP CODE	10c, CIT/2	10d. INSIDE CITY LIMITS? 1  YES 2 NO ZEN OF WNAT COUNTRY?			
FUNERAL	2040 ROLLIN		21207	0	1.5. A.			
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexic	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, stc.)  1  YES 2 NO Specify:				
COMPLETED	15. DECEDENT'S EDI (Specify only highes) gradi Elementary/Secondary (0-12)	completed) (Give kine life. Do No.	NT'S USUAL OCCUPATION of of work done during most of working OT use retired.)  CE MGR.	done during most of working stired.)				
BE CO	17. FATHER'S NAME (First, Middle, Last)	HUADLEY	18. MOTHER'S N	AME (First, Middle, Maiden Surname)  TRUDE IKE				
TO E	DONALD	19b. MAII	LING AODRESS (Street and Number or Rural 40 ROLLING	Route Number, City or Town, State, Zip	Code) 21207			
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem  1 Donation 5 Other (Specify)	noval from State cemetery, crematory	ATE OF DISPOSITION (Name of	DATE 20c. LOCATION - C				
	21. SIGNATURE OF FUNERAL SERVICE LA	I mile	22. NAME AND ADDRESS OF F	DMONDSON	H.			
	23. PART I. Enter the diseases, prehock, present feiture.  IMMEDIATE CAUSE (Finel disease preordition resulting in death)	complications that caused the deeth. It is only one cause on each line.  a. CARDIOPULMO DUE TO (OR AS A CONSEQUENCE TO (OR AS	On not enter the mode of dying, aud ONARY ARREST	ch ee cerdlec or reepiretory erre	Approximate interval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  COPD, END STAGE/RESPIRATORY FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):							
	PART II Other elgoideest appellules	d.						
: MEDICAL	Gastroint Cushings		ng in the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C)	Check only one)				
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	TIME OF INJURY AT WORK?  1 YES 2 ND	RK?				
	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At home, far building, etc. (Specify)	rm, street, factory, offica	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledge, death occ ER: On the besis of examination and/or investig	curred at the time, date end place, and due	to the cause(a) and manner as atsted	i. cause(a) and manner as atsted.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	~	MP D		SIGNED (Month, Day, Year)			
	Mark Allan Wa	O COMPLETED CAUSE OF DEATH (ITEM 27) (1	Security Blud, B	Caltimore, Mo	21207			
	31. DATE FILED_(Month, Day, Year)  AUG 5 1991	32. REGISTRAR'S SIGNATURE Fulia Davidson-Randelle						

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x frouts after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5	5 3	MP

	1 - STATE REGISTRAR	STATE OF MARY		IMENT OF		WENTAL HYGIEN REG. NO.	E 7	1 21190
ļ	1. DECEDENT'S NAME (First, Middle, Legs)	and	Richan	elson		2. DATE OF DEATH DATE OF DAT		3. TIME OF DEATH
!		5. SEX 8. AG	E (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)		BIRTHPLACE (State or Foreign Country)
~	9e. FACILITY NAME (If not institution, give stre		1)+	9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c, COUNTY	
20	RESIDENCE OF DECEDENT	ello Care	Cinler	Ball	0.1/10	31918		
DIRECTOR	100. STATE 10b. COUNTY		10c. CIT	y, town or loc	ATION			10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	Jorth Aux		1	01. ZIP CODE	6	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, i	CENDENT OF HISPAN Ipecify Cuban, Maxica IS 2 NO Specify	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		18e. DECEDENT'S (Give kind of the kind of the both NOT us	work done during r	TION post of working	16b. KIND OF BUS	SINESS/INDUST	FRY .
BE COMF	17. FATHER'S NAME (First, Migdle, Last). Tames H. Rid	hardson			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
10 E	190. INFORMANT'S NAME (Type/Print)	owery	19b. MAILING	ADDRESS (Stree	t George	Poute Number City or Tow	Balt	r, Hd 21212
	20e_METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State	other place)	SITION (Name of a	emetery, crematory or Stan (	Len a	CATION — CHY	or Town, State
	21. SIGNATURY OF THE NERAL SERVICE LICE	bron		22. NAME	AND ADDRESS OF FA	H West 300 wa	bash	Are
	23. PART I. Enter the diseeses, or co shock, or heart failure. Li			not enter the n	ode of dying, suc	h ae cerdiec or reep	iratory arreat	interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	DUE TO (OR A	ected S A CONSEQUENCE O		ccebiti.			Menthe Menthe
NO	Sequentielly list conditions, b.	A	SCUI)	)				
SAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							İ
CERTIFICATION	thet initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):				
DICAL C	PART II. Other aignificant conditions	contributing to deeth			ng ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	Fulmo	nary T	uberco	(10512		1 YES :	NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEI								
SICIA		HOSPITAL:	estantiant 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch			
PHY	27. MANNER OF DEATH	28s. DATE OF INJUF (Month, Day, Yea	Y 28b. TIR	E OF 28c. 1	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCUR	RED
BY	1 Accident 5 Pending 2 Accident Investigation		IRY — At home, farm,	M 1	YES 2 NO	281. LOCATION (Street	and Mumbes or	Qual Davida Mumbas
TED	3 Suicide a Could not be 4 Homicide datermined	building, etc. (S	pecify)	arrest, ractory, or		City or Town, State,		nuel noute number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC DISCONDINE 1 DESCRIPTION OF THE CERTIFYINO PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC DISCONDINE PHYSIC							: :ause(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU	MBER		HONED (Month, Day Year)
TO BE	HAMP TUN M 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF		Print)		503	<b>▶</b> 5	128/9/
	501 Dolphin	ST B	91/0 N	10 2	1917			
	ALIC 5 19		And And	4.000				

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached within 70 hours after death with the State Denir of Heath and Mental Houses now hours or negative to secure.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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: The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Dent of Health and Merial Horison and completely filled in by the filled within 72 hours after death with the State Dent of Health and Merial Horison and completely filled in by the filled within 72 hours after death with the State Dent of Health and Merial Horison and completely filled in by the filled within 72 hours after death with the State Dent of Health and Merial Horison and completely filled in by the filled within 72 hours after the filled within 12 hours and the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in t	tem
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31. DATE FILED (Month, Day, Year)
AUG 5 1991

	1 - FOR REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HE	ALTH AND N DEATH		YGIENE EG. NO.	91	21191	
	1. DECEDENT'S NAME (First, Middle, Last) Albert	E.	Rogers			2. DATE OF I	DAY	YEAR 1991	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-32-1759	1 ℃ M 2 □ F	94 YRS.	ONTHS DAYS H	F UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	HRTH	Coun	HPLACE (State or Foreign try)	
TOR	90. FACILITY NAME (If not institution, give to Baltings County RESIDENCE OF DECEDENT	ty General	HOEP	b. CITY, TOWN OR	LOCATION OF DEA	ATH	9c.	COUNTY OF		
DIRECTOR		altimore	10c. CITY, 1	TOWN OR LOCATION	N				10d. INSIDE CITY LIMITS? V 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 5330 OldCourt Roa			211		10g. CITIZEN OF WHAT COUNTRY?				
BY	1t. MARITAL STATUS  1 Never Merried 2 Merried  3 W Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, specif	I. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puarto Ricen, etc.)  1   YES 2 (A) NO Specify:  1 Specify:  1 Specify:				E — American Indian, ck, Whita Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	18e. DECEDENT'S US (Give kind of won life. Do NOT use n	rk done during most of working refred.)							
OMP	17. FATHER'S NAME (First, Middle, Last)			1,	8, MOTHER'S NAM		. Post		rvice	
BE C	William Rogers				Susie	Rogers				
70	19a. INFORMANT'S NAME (Type/Print) Thelma Rogers		19b. MAILING AS	inna Cou	Number or Rural Ad	t imovo	ity or Town, Ste	te, Zip Code)	21207	
	The ma Rogers  3100 Minna Court, Baltimore, Maryland 21207  20a, METHOD OF DISPOSITION  10 Burial 2 Commetton 3 Removal from Stata  20b, PLACE AND DATE of DISPOSITION (Name of Companion) Companion of Other (Specially, Crampillory of other place)  St. Thomas Cemetery  8/7/91  Baltimore, Maryland  20c, LOCATION — City or Town, Stata  Baltimore, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LIC	(WAN)			ADDRESS OF FACI	Ма	rch Fu	meral	Home	
	23. PART I. Enter the diseases, or ehock, or heart fallure	complications that cause	ed the death. Do not	enter the mode	of dying, auch	as cardled	or reepirator	y arreet,	Approximate	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Acus	e my	ard	ul	14	Jan	ten	Interval Between Onset and Death	
NOI	Sequentially liet conditions, if any, leading to immediate  Due to join as a consequence ore  Due to join as a consequence ore									
ICAT	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	C	· · · · · · · · · · · · · · · · · · ·		U					
CERTIFICATION	that initiated eventa resulting in death) LAST	d.	A CONSEQUENCE OF):							
_ I	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I.  24e. WAS AN AUTOPSY PERFORMED?  AMILIABLE PRIOR TO COMPLETION OF CAUSE									
PHYSICIAN: MEDICA	Permanont para malas									
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLAC	E OF DEATH (Chec	k only one)				
HYS	1 YES 2 TAG	1 ☐ Inpetient 2 ☐ LEFF/Out  28e. DATE OF INJURY		☐ Nursing Home						
ву р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WORKS	2 NO	red. DEŞÇHIB	E HOW INJURY	OCCURED		
	2 Accident investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rure City or Town, State)								Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI (Check only one)	CIAN: To the best of my know	viedge, death occurred a	it the time, date end	I place, end due to	the cause(s)	and menner e	s stated,	s) and menner es stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER				c LICENSE NUMB			DATE SIGNED	(Month, Day, Year)	
TO B	30. NAME AND ADDRESS OF PERSON WH	OCOMPLETED CAUSE OF DE	1 TEM	2/14	019	402	_	8.	5.91	
	( . D	E LE CAUSE OF DE	L 1 27) (1ypo, Pri							

S. DEV HUJLH. M. D

12. REGISTRAR'S SIGNATURE

5 1991 Sulia Sevidor-Registra

DL. AN JULA TO SIGN.

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TO THE HOSPITAL OR ATTENDING THIS TANK THE IAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: A More than the mas been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	rithin 72 hours after death, we have bept, or hearth and Merital hygiene prior to buna, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR AT	DIRECT	hours a	Item 2
OSPITAL	UNERAL	ithin 72	ANT: IL
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296. SIGNATURE AND TITLE OF CENTIFIER

Scott Reed, M.D.

31. DATE FILED (Mooth, Day, 1991)
AUG 5 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAR  . OECEDENT'S NAME (First, Middle, Lest)	)					DEATH	2. DA	TE OF DEATH	Ο.		3. TIME OF DEAT
Fanny	F.	RC	ESE				MO	HTH	DAY ]	991	A .
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HR	s. 7. DA	E OF BIRTH	, -	8. BII	RTHPLACE (State or Fo
074-07-0081	1 🗆 M 2 📈 🗗	79	YRS.	MONTHS	DAYS	HOURS MIN		rith, Day, Year)	1912		EW York
De. FACILITY NAME (If not institution, give	street and number)					OR LOCATION OF	F DEATH	1,04	9c. CO	UNTY O	OF DEATH
Franklin Square	e Hospita	<u> </u>		Bal	timo	re			Balt	imo	re
10a. STATE 10b. COUN		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
NY Onor	Syracuse			ıse	LIMIT						
0e. STREET AND NUMBER		-			10	. ZIP CODE			10g. Cf	TIZEN O	OF WHAT COUNTRY?
353 Noble Avenue	9					13206			TI	SA	
1. MARITAL STATUS		T EVER IN U.S. AR			WAS DEC	ENDENT OF HIS				14. R	RACE American Indi Black, White, atc.
Never Married 2 1 Married □ Widowed 4 □ Divorced	FORCES?	YES ZXXI	NO			ecify Cuban, Ma	ecify:	io Mican, atc.)			Specify: White
15, DECEDENT'S ED		18a. DE	CEDENT'S	USUAL O	CCUPATION	ON .		isb. KINO OF I	SUSINESS/II	HOUSTR	ïY
(Specify only highest grad Elementary/Secondary (0-12)	de completed)  College (1-4 or 5	(G	live kind of Do NOT u	work done se retired.)	during mo	est of working					
12 years	1 year		Sec	creta	ary			Med	dical		
7. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (Fin	t, Middle, Maid	en Surname)		
Sidney Farrance						Lou	ise T	Jnknow	1		
9a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street	and Number or Ro	ural Route N	umber, City or 1	lown, State, 2	Zip Code;	9)
Jerry Roese			1823	Dunw	voody	Road	Park	ville,	MD	212	234
Donation 5/10 Other (Specify)	baugh	of cemetary Wood	lawn	Ceme 22. J	etery NAME A Johns 3521	ND ADDRESS OF SON Fun Loch R	F FACILITY eral aven	Home Blvd.	Syracı Bali	use,	or Town, State , NY , MD 212
23. PART I. Enter the diseases, or shock, or heert failure disease or condition	bought r complications the	wood.	lawn	y or other p Ceme 22. J not antai	etery NAME A Johns 3521	ND ADDRESS OF SON Fun Loch R	F FACILITY eral aven	Home Blvd.	Syracı Bali	use,	, NY
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9000 Franklin Square Drive Baltimore, MD

29d. DATE SIGNED (Month, Day, Year)

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Max Charge

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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Maryland 100. STREET AND NUMBER						Baltimore City				LIMITS?  1 💢 YES 2 🗍 NO  10g. CITIZEN OF WHAT COUNTRY?				
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11. MARITAL STATUS  1 Never Married 2 1  3 Widowed 4 Divon		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	1 YES	2 XN	MED	13	If yes, sp	CENDENT Copecify Cube	pa, Mexicar	n, Puerto	N? (Specify Yea Rican, atc.)		14. RACE	- American Indian, , White, etc.
1 19/19/2019								~	-1				1	white
15. DECE (Specify only	EDENT'S EDUC highest grade	CATION completed)		(Gh	CEDENT'S	work done	e durina me	ION ost of working	ing	161	b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-	12)	College (1-4 or 5	+)	life.	. Do NOT u	use retired.,	)		•					
12				Ut	ffice	S MO.	rk	Ret					.S. G	iov't.
17. FATHER'S NAME (First, Mic		6						18. MOT			Middle, Maiden			
Dominic		50	orren						Mar		G.	Manf		
Paul D. Soi		no		19b	MAILING	12 D	enbr	and Number	Road		altimon			21228
20a. METHOD OF DISPOSITION 1 X Burtel 2 Cremation 4 Donation 5 Other (5	n 3 🗆 Remo	oval from State	20b.1	PLACE A	AND DATE	OF DISPO	SITION (N	meter	0 /	DAT	TE 20c. LO	CATION —	City or Tov	
21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE MAI 1+or	1 1/2	UL y	Keuc			IIIE LET						Maryland
- mitt	-1	MITTON	RAT	11gm	, Jr	"					Baltimo			1214 rford Road
23. PART I. Enter the dis- ahock, or her iMMEDIATE CAUSE (Fine disease or condition resulting in death)	rent remune. I	a. Due to	tas on each	S ta	ties of	s C	ar e	lywn	ing, auch	as car	diec or respi	ratory an	rest,	Approximate Interval Between Onset and Death
Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	NG Ty c	с	OR AS A C				F		1102	`				
PART II. Other significen	it condition	a contributing to	deeth bu	rt not re	eeuiting	In the u	nderivin	o causa (	olven in I	Dart	24a. WAS AN	**********	1 245	WERE AUTOPSY FINDINGS
									green ac	_	PERFOR	MED?		WANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL			-			26. Pt	LACE OF DI	FATH (Che	ok only or				
EXAMINER?		HOSPITAL:	FR/Outon	Hant 3	DOA	OTHE	R:							
27. MANNER OF DEATH  1 Natural 5 P		284. DATE OF (Month, De	INJURY		28b. TIM		28c, INJ WO	DRK?			F (Specify)	JURY OC	CURED	
3 Suicide 8 C	Could not be	28s. PLACE Of building,	OF INJURY -	– At hor	ne, farm, r			YES 2	_	281. LOC	ATION (Street as or Town, State)	nd Number	or Rural Ro	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIF 2 MEDIC	YING PHYSIC	CIAN: To the beat of ex	my knowled	dge, dear	rth occurre	ed at the	time, date	and place, leath occur	, and due 1 red at the t	o the cau	and place, and	ner ea atat	ed.	and menner as stated.
295. SHONATURE AND TITLE O				_	-				NSE NUME					
J. Ko	180	May	lus	1	MJ	7,		71	251	-		▶ S	F SIGNED	(Month, Day, Year)
L. Kemper Owe	ens MD	Maryland	Gener	al H	ospit	al Ba	ltimo	ore, M	d.					
31. DATE FILED (Month, Day, Ye AUG	5 19	9 32. REGISTRAI	R'S SIGNAT	URE A	Ponds	此								

OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certification mentioned by the immeding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should with the Site Council Health and Montal Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAIN THE SECRET THE CONTINUE CONTINUES CONTINUED CONTINUED IN CONTINUES OF THE HOSPITAL DR ATTENDING PHYSICIAIN THE CONTINUES THE HOSPITAL DR ATTENDING PHYSICIAIN THE CONTINUES THE HOSPITAL DR ATTENDING PHYSICIAIN THE CONTINUES THE HOSPITAL DR ATTENDING PHYSICIAIN THE CONTINUES THE HOSPITAL DR ATTENDING PHYSICIAIN THE CONTINUES THE HOSPITAL DR ATTENDING PHYSICIAIN THE CONTINUES THE HOSPITAL DR ATTENDING PHYSICIAIN THE CONTINUES THE HOSPITAL DR ATTENDING PHYSICIAIN THE CONTINUES THE PHYSICIAIN THE CONTINUES THE PHYSICIAIN THE CONTINUES THE PHYSICIAIN THE CONTINUES THE PHYSICIAIN THE CONTINUES THE PHYSICIAIN THE CONTINUES THE PHYSICIAIN THE PHYSICIAIN THE CONTINUES THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE PHYSICIAIN THE	TO THE FUNERAL DIRECTOR: After this certificate has meny against a mending physician and completely filled in by the fune be filed within 72 hours after death with the State Court of Health and Mantal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND		YGIENE 9	1 2	119	4
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	DEATH	YEAR 3.	TIME OF DEAT	н
	YOUNG	CHUN		SONG		07		1991	12:07	ам
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	IRTH ( Year)	8. BIRTHPLA Country)	CE (State or For	reign
	913 91 3888	198 M 2 🗆 F	O YRS.			JUNE 23 1945 KORS A				
· cc	9e. FACILITY NAME (If not institution, give				OR LOCATION OF	DEATH 9c. COUNTY OF DEATH				
DIRECTOR	UNIVERSITY HO	SPITAL		BALTI	MORE		BAI	TIMOR	E	
E S	10e. STATE 10b. COUNT	TION			104	I. INSIDE CITY				
ā	MARYLAND BA	LTIMORS		¿Jao	RIVER			LIMITS?	NO	
A	10e. STREET AND NUMBER	A .		10	. ZIP CODE		10g. CITIZ	EN OF WHAT		
F F	MAKS Pr	O LOURT			2122	0		7.0	A	
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEOENT EVER II FORCES? 1 YES	N U.S. ARMEO	13. WAS DEC	CENOENT OF HISP	ANIC ORIGIN? (Sp	ecify Yee or No-	14. RACE — Black, W	Americen India	n,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Spec		, atta)	Specify:	- 0	
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	ISUAL OCCUPATION	ON	Lan. van	- 1)	KOKS	361	
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ock done during me	est of working	TOD, KINI	D OF BUSINESS/INDL	JSTRY		
길	12.4RS.	conege (14 or 3+)	1721	ak		6	ROCER	101	202	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N		, Malden Sumeme)	01		
BE (	JAI KAF	Song			500	nuk	Kim			
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, C	ity or Town, State, Zip	Code)		
F	LAWITA K	CUROS		SAMO	AS F	3Bovs				
	20a, METHOD OF DISPOSITION  1384 Buriel 2 Cremetion 3 Ram		PLACE AND DATE OF		ame of	OATE	20c. LOCATION — C	ity or Town,	State	
	4 Donation 5 Other (Specify)		ULACTA	<b>VAUSY</b>		3	Timon	mui	Mo.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AI	S CHAP	ACILITY = C	25 BONE	ۮ		
	Harbs de	> man. /h		880x	HARI	080	Popar - Pa	RK5.1	10	
	23. PART I. Enter the diseases, or a	complications that cause	d the death. Do no	t entar the mo	de of dying, au	ch sa cardiac	or reapiratory arre	at.	Approxima	ta
	IMMEDIATE CAUSE (Final	List only one cattle on a	ach lina.						Interval Be Onast and	
	disease or condition a. MULTIPLE INJURIES									
	DUE TO (OR AS A CONSEQUENCE OF):									
N	Sequentially list conditions,	b								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):							
EIC.	CAUSE (Disease or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF							
E	that initiated eventa reaulting in death) LAST		CONSCOURNCE OF).							
S		4								
CAL	PART ii. Other aignificant condition	a contributing to death b	ut not reaulting in	the underlying	cause given in	Part i. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WEI	E AUTOPSY FIN	DINGS
	CIRRITOSIS OF LIVE	R, HEPATITIS E	VIRUS POS	ITIVE			YES 2 NO	CO	LABLE PRIOR TO APLETION OF CA DEATH?	NUSE
PHYSICIAN: MEDI							/1		YES 2 N	
ž l										
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.	26. PL	ACE OF DEATH (C	heck only one)				
ΥS	1X YES 2 NO	1 Inpatient 2 XER/Outp	entlant 3 DOA 4	□ Numing Hom	e 5 🗆 Realdence	8 Other (Spe	cify)			
	27. MANNER OF OEATH  1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	RK?	28d. DESCRIB	E HOW INJURY OCCU	JRED		
BY	2 Accident Investigation	07/12/199		M 1 🗆 1	E4-	PEDES	STRIAN ST	RUCK	BY AUTO	
	3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	ary)	eet, factory, office		28f. LOCATION City or Tow	(Street end Number on, State) 820 I	PULA	SKI HIC	GHWA
COMPLETED	29e. CERTIFIER	PUBLIC I				RALTIN	MORE COUN	TY M		
M M	(Check only	CIAN: To the bast of my knowl	ladga, daeth occurred	at the time, data	end place, end du	n to the cause(s)	end manner es states	d.		
8		R: On the basis of exemination	n end/or investigation,	In my opinion, d	eath occured at the	time, date end p	place, and due to the	ceuse(s) end	menner ee sta	ted.
BE	296 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Mor	th, Day, Year)	
6	30. NAME AND ADDRESS OF PERSON WHI				0.C.	M.E.	• 0	7/30/	1991	
.										
	DONALD G. WRIGHT A		111	PENN S	TREET E	BALTIMOR	RE, MARYL	AND 2	1201	
	AUG 5 199	32. REGISTRAR'S SIGN	son-Randall	4						

(	2.73	permit. Pages 1, 2, 3 should	
<b>BALTIMORE, MARYLAND 21215-0020</b>	riours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit   , or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	1123131111111				10711				MEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	AUDREY	2. Date of Death MONTH AUGUST 1, 199 YEAR M								
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last		IF UNDER		_	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8,	BIRTHPLACE (State or Foreign
	227-28-4048	1 🗆 M 2 🗸 F	69	YRS.	MONTHS DAYS HOURS			MIN.	7-13-1922	2	VIRGINIA
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DE			ON OF DE	ATH	9c. COUNTY	
DIRECTOR	2231 ITNCOLN AVI	ENUE			EDGEMERE			MERE		BA	LTIMORE
딥						ry, TOWN OR LOCATION					10d. INSIDE CITY
RIG	MARYLAND BA	EDGEMERE				MERE			LIMITS?		
	10e. STREET AND NUMBER	ALTIMORE		101. ZIP CODE						OF WHAT COUNTRY?	
띮	2231 LINCOLN AVI	2121					19		U.S.A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A				ARMED 13. WAS DECENDENT OF HISPANIC (1) Yes, specify Cuban, Maxican.					n or No- 14.	. RACE — American Indian, Black, White, atc.
ВУ	1 Naver Married Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES					Specify			Specify: WHITE
8	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)			USUAL O			ina	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT u	se retired.)			ing			
MP	12TH GRADE	N/A		HC	ME M	AKEI	v			HOME	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden	Surname)	
BE	190, INFORMANT'S NAME (Type/Print)		101	- MAN IN	ADDOCE	B /Otmat			GOBBLE Poute Number, City or Tow	- Chin To Co	
5	REDMOND A SUDB	מאע			LINC				BALTIMORI		
	20a. METHOD OF DISPOSITION		20b, PLACE	AND DAT	E OF DISF	OSITION	(Name		DATE 20c, LO		y or Town, Stata
	1 Surial 2 Cremation 3 Removel from State of cemetary, crematory or other place) SACRED HEART OF JESUS CEM 8-5-91 BALTIMORE, MARY L										
	21. SIGNATURE OF PIMERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  DUDA-RUCK FUNERAL HOME OF DUNDALK INC.										
	7922 WISE AVENUE DUNDALK MD 21222										
	23. PART i. Enter the diseases, or ahock, or heart fallure	complications that ca	used the da	ath. Do	not enter						
	IMMEDIATE CAUSE (Final	/	on occir imo	•							Onset and Death
	disease or condition resulting in death)  a.   Lung Cauce F										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditions, if amy, leading to immediate Oue TO (or AS A CONSEQUENCE OF):										
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c	14	h	ph	01	ng				
E	that initiated events resulting in daeth) LAST	DUE TO (OR	AS A CONSE	QUENCE (	P):						
H	readiting in deetin) EAST	d				1					
	PART II. Other aignificent condition	ns contributing to des	oth but not i	reauiting	in the u	nderlyln	g ceuse	given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL			965						1 YES :		COMPLETION OF CAUSE OF DEATH?
ME	17							7			1 TES 2 NO
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)		
YSI	1 TYES 2 NO	1 □ Inpetient 2 □ ER		7	4 🗆 Nu	raing Hor		Residence	8 Other (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJ (Month, Day, Y		29b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d, DEŞCRIBE HOW	INJURY OCCUP	NED
BY	2 Accident Investigation 3 Suicide S Could not be	28e, PLACE OF IN	JURY — At ho	ome, farm,	street, fee				28f. LOCATION (Street	and Number or	Rural Route Number.
TED	4 Homicida S Could not be detarmined	building, etc.	(Specify)					1.	City or Town, State		
'n	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, de	eath occur	red at the	time, det	and plac	e, and due	to the cause(a) and me	nner as stated.	
COMPLET	one)										cause(a) and manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFI	ER MO			77	-	29c. LIC	CENSE NU	MBER	29d. DATE S	HIGNED (Month, Day, Year)
0		CO &	50					43	5593	29	191
2	30. NAME AND ADDRESS OF PERSON W	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	F DEATH (ITE	M 27) (Typ	e, Print)	00	040	- 1	Kun k	- b"	R-11
	31. DATE FILED (Month, Day, Year)	J. LOH	CICNATURE	(/ "	) ) /	219	IVE	- 1	NUL 10	co,	09/0
	OTTOMIC FIELD (MOTHER, Day, 1987)	32. REGISTRAR'S	SIGNATURE	0.00							

as the burial-transit permit. Pages 1, 2, 3 should

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OR.	DIR	Te le
PITAL	RA	1
HOS	FUN	AN
표	포	O.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the fluer within 72 hours after death with the State Dent, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIENE REG. NO.	91 211	96			
	1. DECEDENT'S NAME (First, Middle, Lest)	WARREN E.	SCOTT		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DI	EATH M			
107.00	4. SOCIAL SECURITY NÚMBER  216-07-5198  90. FACILITY NAME (If not institution, give a	1₩W 2 □ F 75	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day Year) 2-29-1916	8. BIRTHPLACE (State of Country) MARY LAND	r Foreign			
TOR	UNIVERSITY HOSPIT	- Ann - Control	30.01	BALTIMORE	-	, control of ocular				
DIRECTOR	MARY LAND		10c. CITY, TOWN	BALTIMORE CI		10d. INSIDE CITY LIMITS? XX YES 2 \( \text{NO} \) NO				
FUNERAL	10e. STREET AND NUMBER 6133 CARDIFF AVEN			101. ZIP CODF	4 .	109. CITIZEN OF WHAT COUNTRY? U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12_WAS DECEDENT EVER IN U.S FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES	□ NO	. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES XX NO Specif	in, Puerto Rican, etc.)	No— 14. RACE — American I Black, White, etc. Specify: WH IT				
ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a completed) College (1-4 or 5+)	Give kind of work done ille. Do NOT use retired,	during most of working	186. KIND OF BUSIN					
COMPLETED	6TH GRADE  17. FATHER'S NAME (First, Middle, Last)	N/A	MAINTEN		ME (First, Middle, Meiden Su					
TO BE	EARNEST W. SCOTT  190. INFORMANT'S NAME (Type/Print)  CHARLOTTE G. SCOTT  MILDRED GRAW  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6133 CARDIFF AVENUE BALTIMORE, MD									
	CHARLOTTE G. SCOTT  6133 CARDIFF AVENUE BALTIMORE, MD 21224  20e. METHOD OF DISPOSITION 171 Burlei 2 Gremetion 3 Gremetion 3 Removal from State 4 Donetion 5 Gother (Specify)  DATE 20e. LOCATION — City or Town, State of Campetary, Gremeticary of Cother Plane GARDENS OF FAITH CEM. 8-2-1991 BALTIMORE, MARYLAND									
	22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222									
CERTIFICATION		a. DUE TO (OR AS A COI  DUE TO (OR AS A COI  DUE TO (OR AS A COI  DUE TO (OR AS A COI  d.	NSEQUENCE OF):			interva	emara al Between and Death reduced pears			
AL	PART ii. Other significent condition	ns contributing to deeth but n	not resulting in the u	inderlying couse given in	Part I. 24a. WAS AN AI PERFORM 1 🗆 YES 2.E	ED? AVAILABLE PR	OF CAUSE			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending 2  Accident Investigation	HOSPITAL: 1   Inpatient 2   ER/Outpetie 28e. DATE OF INJURY (Month, Day, Year)	8 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED						
	3 Suicide 8 Could not be determined	Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Suicide  Sui								
BE COMPLETED	(Check only	SICIAN: To the best of my knowledg ER: On the basic of examination on ER			e time, date end piece, end					
TO B	30. NAME AND ADDRESS OF PERSON W	32 REGISTRAR'S SIGNATUR	MWV M	) Hosp. Bu	lt mo 21	201				
	AUG 5 199	11 Julia Devidson	-Masherine							

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THE HOSPITAL OR ATTENDING PARTICLES THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	THE FUNEXAL UNIX. ATTACKED TO SEED SOME BY THE STATE DATE TO THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE DESCRIPTION OF THE STATE	PORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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91 21197 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF N					EALTH AND I		YGIENE EG. NO.	91	2119	1
į	1. DECEDENT'S NAME (First, Middle, Last) Lottie Stern				413	2. DATE OF I	DEATH DAY	1441	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	hirthday	IF UNDER	VEAR	IF UNDER 24 HRS.	OER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or				
	219-32-0794	1 ☐ M 2 🔯()F	102	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Der		Count		
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN O	R LOCATION OF DE	ATH	9c. C0	DUNTY OF C		
5	Union Memorial	Hospital			Ва	ltin	ore City	y		Balti	more City	У
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	v		100 00	TY, TOWN O	D I OCAT	ON				10d. INSIDE CITY	
DIMECTOR		Baltimore	2	100.01	Rock						LIMITS?	10
	10e. STREET AND NUMBER					101.	ZIP CODE		10g. C	STIZEN OF	WHAT COUNTRY?	
	8302 Charmel	Drive		1.0			212	07		U.S	.A.	
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARI YES 2 MN MR OR DATES			yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 X NO Specify	n, Puerto Ricar		14. RAC Blec Spec		h,
		<u> </u>	T		1			1			White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5 d	(Gi	ve kind of Do NOT i	S USUAL OC work done duse retired.)	luring mo	at of working	16b. KIN	ID OF BUSINESS/	INDUSTRY		
Ē	12th Grade		Gr	ocer	y Sto	ore	Owner					
5	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middl	le, Maiden Surname	9)		
BE	Walter Attwoo	d Cramer					E1i	zabeth	Lyons	Crame	r	
	19a. INFORMANT'S NAME (Type/Print)		196	. MAILIN	G ADDRESS	(Street a	nd Number or Rural i	Route Number, (	City or Town, State,	Zip Code)	337	
۲	Mrs. Lois Laush	ey	1	48 C	Chestr	nut	Crossing				laware 19	9713
	20a. METHOD OF DISPOSITION 1 - Burial 2 - Cremation 3 - Rem		20b. PLACE				(Name	DATE	20c. LOCATION	— City or T	own, State	
	4 Donation 5 Other (Specify)	iovai irom state	of cemetary, Everg				1 Park	18/6	. Finks	burg.	MD	
	21. BIONATURE OF FUNERAL SERVICE LI	CENSEE	//	10			D ADDRESS OF FA					
4	· Sleph	enlille	klink	3			g Byers				Inc. MD 2113	22
RTIFICATION	23. PART I. Enter the diseasea, pr complications/finat caused the death. Do not anter the mode of dying, such ea cardiac or reepiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Due to (QR AS A CONSEQUENCE OF):  Due to (QR AS A CONSEQUENCE OF):  Due to (QR AS A CONSEQUENCE OF):  Partum On to our to (QR AS A CONSEQUENCE OF):								Approximat Interval Bet Onset snd	tween		
	resulting in death) LAST	d										
3	PART ii. Other aignificent condition	ns contributing to	deeth but not r	equiting	in the un	derlyin	cause given in	Part i 24	e. WAS AN AUTOP	sv 24	b. WERE AUTOPSY FIN	IDINGS
PHYSICIAN: MEDICAL							, cado givon in		PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	AUSE
₹	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF DEATH (C)	neck only one)				
ဒ္ဓ	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant 3	□ DOA	OTHER		e 6 🗆 Rasidence	6 Other (S	pecify)			
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E	FINJURY	28b. Ti	ME OF NJURY M		URY AT RK? YES 2 NO	28d. DESCRI	BE HOW INJURY	OCCURED		Į.
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE ( building,	OF INJURY — At ho , etc. (Specify)	- At home, farm, street, factory, office					28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
3   Sulcide 4   Could not be detarmined   Sulciding, etc. (Specify)   State   City or Town, State)    29a. CERTIFIER (Check only only only only only only only only										(a) and manner as sta	ated.	
O BE C	29b. SIGNATURE AND TITLE OF CEBUIFI	promi	WII	1,1	>		DHI &	MBER 306	29d.	DATE SIGNE	3 91	
=	30. NAME AND ADDRESS OF PERSON W	HBOR	SE OF DEATH RTE	M 27) (Ty)	po, Print)	>	DINN	N	MBI	7,	920th	
	31. DATE FILED (Month, Day, Year). AUG 5 1991	gulia Dai	AR'S SIGNATURE	less								

Instruction Introduction

Zer far finns

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_	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART CERTIFI	MENT OF H	EALTH AND	MENTAL HYGIE!		21198
	1. DECEDENT'S NAME (First, Middle, Lust) RODNEY		MITH, Sr.			2. DATE OF DEATH	1991	3. TIME OF DEATH 2:48 P
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BI	RTNPLACE (State or Foreign
	055-42-1276 9e. FACILITY NAME (If not institution, give	1 M 2 🗆 F	43 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 22,1		dus, New Yorl
E E	THE JOHNS HOPK		TAL	BALITM	ORE CI	EATH	9c. COUNTY OF BALTIN	ORE CITY
DIRECTOR	RESIDENCE OF DECEDENT							
I H	10a. STATE 10b. COUNT			TOWN OR LOCAT		10d. INSIDE CITY LIMITS?		
	Pennsylvania F	ulton	M.a	rfordsb	Urg ZIP CODE		Las ouriness	1 YES 2 X NO
FUNERAL	P.O. Box 33				17267		USA	F WHAT COUNTRY?
I P	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 X	/ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIOIN? (Specify Year, Puerto Rican, etc.)	s or No.— 14. B	ACE — American Indian, lack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	2 NO Specifi			pecify:		
ED	15. DECEDENT'S EOU (Specify only highest grade	JCATION	16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDUSTRY	White
Ē	Elementary/Secondery (0-12)	College (1-4 or 5 +)	life. Do NOT use	(9-1	st of working			
COMPLET	10 17. FATHER'S NAME (First, Middle, Last)		Assemb	ly		Furnit		
	Howard Junior S	Smith				ME (First, Middle, Meiden		
) BE	19a. INFORMANT'S NAME (Type/Print)	MIL CIT	19b. MAILING A	ODRESS (Street a		eresa Clev		
5	Alice R. Smith		P.O. B			burg, Pa.	17267	
	200 METNOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem	noval from State	20b. PLACE AND DATE OF cemetery, crematory or other	DISPOSITION (Na	me of	DATE 20c. LC		
	4 Donation 5 Other (Specify)	CENTER.	Jerusalem		0 ADDRESS OF FA	3/91 Warf	ordsbur	g, Pa.
	1 × 1 40	1).	,			Grove	Funeral	
-	23 PART I Enter the disades or	//me		141 W.	Main St	reet Hanco	ck, Md.	21750
	23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final	List only one cause of	on each line.	t enter the mod	de of dying, suci	h es cerdiec or resp	iretory srrest,	Approximets interval Batween
	disease or condition resulting in deeth)	Metast	atic mula	4 620.0				Onset and Death
	Totaling in Leadin)	OUE TO (OR	atic mula AS A CONSEQUENCE OF):	NA THAC				372000
NO	Sequentially list conditions,	b	AS A CONSEQUENCE OF):					
CAT	If any, leeding to immediate cause. Enter UNDERLYING	000 10 (01	AS A CONSEQUENCE OF):					
Ë	CAUSE (Disease or injury that initiated eventa	DUE TO (OR	AS A CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	d						
AL	PART II. Other significent condition	ne contributing to dee	th but not resulting in	the underlying	couse given in			4b. WERE AUTOPSY FINDINGS
U						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI							X	OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL							
SICIAN:	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che			
РНУ	27. MANNER OF DEATH	28e. DATE DF INJU	JRY 28b. TIME (	OF 28c. INJU	RY AT	8 Other (Specify)  28d. DESCRIBE NOW I	NJURY OCCURED	
ВУ	Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear) INJUE		ES 2 NO			
ED	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJ building, etc. (	JURY — At home, ferm, atre (Specify)	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,
E	And CERTIFIED							
OMPL	(Check only CERTIFYING PHYSI	CIAN: To the best of my kin: R: On the basis of examin	nowledge, death occurred nation end/or investigation,	at the time, date of In my opinion, de	and place, and due	to the cause(s) and mar lime, data and piece, an	ner ee stated. d due to the cause	e(s) end manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			EO (Month, Day, Year)
TO B	Jerry Jr.	solly,	ND				→ 7/3	1/91
	36. HAME AND ADDRESS OF PERSON WIN	c Sheet			ID 212	10		740
	31. DATE FILED (MONN, Day, Hear)	32. REGISTRAR'S S	Signature Davidson-Rand		- CIF			
لنب	Try Fully	Juna Juna	mulacen-Mula	4,044				DUM 16 D 190

	1 - STATE REGISTRAR	STATE OF MA	CE	RTIF	ICATE	E OF	EALTH DEAT		MENTAI	L HYGIEN		2	1199		
	1. DECEDENT'S NAME (First, Middle, Le	Scheic	eth A.	er	ideg	ger			2. DATE MONTH	OF OEATN	AY	MEAR 3	TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 059 01 3191	5. SEX 1  M 2  F	AGE (In yrs. les)	birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE (Month	OF BIRTH	10	Country)	ACE (State or Foreign York		
~	9a. FACILITY NAME (If not institution, gi			96. CITY, TOWN OR LOCATION OF DE					ATH	1001	9c. COUNT				
DIRECTOR	Suburban Hosp		Si	lver	Spr	ing			Mont	gome	ry				
REC	10a. STATE 10b. COU	INTY		10c. CITY, TOWN OR LOCATION					10d. INSIDE			Dd. INSIDE CITY			
		D.C. n/a				Washington					1¾ YES				
ERA	2801 Quebec St	N.W.		101. ZIP CODE 20008						AT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1   ↑ Nover Married 2				RMED 13. WAS DECENDENT OF NISPANI					in, Puerto Rican, atc.)  Black, White, etc.  Specify:			American Indian, Vhite, etc.		
COMPLETED	Copeciny only ingress grace completed)   (Give kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind of kind					USUAL OCCUPATION work done during most of working le retired.)  retary				16b. KIND OF BUSINESS/INDUSTRY Securities and Exchange Commission					
	17. FATNER'S NAME (First, Middle, Last)  18. MOTHER'S														
BE	Rudolph Schei		l - \ l -							aumgar					
5	The information was a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o											State, Zip Code) 11793			
	20a. METHOD OF OISPOSITION  1  Burlal 2  Cremation 3  R  4  Donation 5  Other (Specify)	20b. PLACE AN	EANDDATE OF DISPOSITION (Name of remailory or other place) alvary Cemetery					DATE 8/	20c. LO	cation - cir		Stata			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	00.			NAME AND	ADDRES		ILITY	Servi		, 111			
-	23. PART I. Enter the diseases, or head fellow	or complications that o	ille	D		Fo	110 (	hur	ah T	7.A					
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CARD	LO Pu	LI	lon	VA	24		AR	RES	3 T	t,	Approximata intervel Batween Onset and Daath		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO (OF	R AS A CONSECU PIRAS A SA CONSECU SIS	IENCE OF	NA	1	1	AL	LU	RE					
PHYSICIAN: MEDICAL	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in							ven in P	art i.	24a, WAS AN PERFOR 1 YES 2'	MED?	AMI CO OF	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE DEATN?  YES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Chec	k only one	)					
HYS	1 YES 2 N NO  27. MANNER OF DEATH	1 Nopetiant 2 E		DOA 286. TIME	4 🗆 Nurs	ing Nome	5 Real		-						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJ	JRY M	28c. INJUI WOR	K?		28d. DE\$C	CRIBE HOW IN	JURY OCCUP	ÆD			
	A [] A 1.11	Zee. PLACE OF INJURY — At home, farm, street, factory, office     building, etc. (Specify)      Zee. PLACE OF INJURY — At home, farm, street, factory, office     Duilding, etc. (Specify)								Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNY 2 MEDICAL EXAMI	YSICIAN: To the best of my	knowledge, death	occurre	d at the tir	me, date a	nd place, a	and due to	the caus	e(a) and man	ner as stated.	ause(a) an	d manner as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIF		ws)	0	YSIC		29c. LICEN			,			nth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON VE	WHO COMPLETED CAUSE OF	OF DEATH (ITEM 2	77 (Type,	Print)		OR6	14	AU	E S	uit	15 F	305		
	31. DATE FILED (Meath, Day, Your) AUG 5 1991	Julia Davids	SIGNATURE	2	-			_			SPI		6 MD209		

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIR CORP. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPARTI RTIFIC	MENT	OF H	EALTH DEAT	AND		REG. NO	AF .	91	21200
	1. DECEDENT'S NAME (First, Middle, Last)	SMAL	4						2. DAT		DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 234-01-9522	1 - M 2 A) F	AGE (In yrs. lest		F UNDER	1 YEAR DAYS	IF UNDER	24 HRS, MIN.	(Mor	OF BIRTH oth, Day, Year)		a. BIRT Coun	HPLACE (State or Foreign irv)
стоя	Sa. FACILITY NAME (II not institution, give :  WILSON HEALTH RESIDENCE OF DECEDENT	treet and number)	ENTER	2 (			HEK			9c. COUNTY OF OEATH			
DIRECTOR	10e. STATE 10b. COUNT  MD MONT	GOMERY			, town or location ITHERSBURG						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
RAL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZEN OF WHAT CO			
BY FUNERAL	40 ? RUSSELL AVENUE  11. MARITAL STATUS  1 □ Never Married 2 □ Married  NX Widowed 4 □ Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☒ NO IF YES, GIVE WAR OR DATES					20877  13. WAS DECENDENT OF NISPANIC ORIGINATION of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se				to Ricen, atc.) Black, Whit			E — American Indian, k, White, atc.
COMPLETED B	15. DECEDENT'S EDU (Specify only highest grade	CATION completed) College (1-4 or 5 +)	(Gh	EDENT'S USO to kind of work Do NOT use re	JSUAL OCCUPATION ork done during most of working					b. KIND OF BL	ISINESS/IN		WHITE
MPLE	Elementary/Secondary (0-12)	AIDE	ourou./					SCH	OOLS				
BE COI	17. FATHER'S NAME (First, Middle, Last)  16. MOTNER'S  JAMES ED MICHAEL  A								IA KI				
2	196. INFORMANT'S NAME (Type/Print) 196. MARY THAYER 196. MARILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 401 RUSSELL AVENUE, GAITHERSBURG, MD 20877												
	20a. METHOD OF DISPOSITION    Suriel   2   Cremation   3   Removal from State												
	Charles	M-15	lows	)		ROWN	FUN	ERAL	HON	Æ, 32	7 W.	KING	ST.
	IMMEDIATE CAUSE (Final Onset and De												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL (	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO									24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF OE	EATN (Che	eck only o	76)		1	
YSIC	1 TYES 2 NO	HOSPITAL:			THER:		5 🗆 Rec	eldence	6 🗆 Oth	r (Specify)		-	
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	MANNER OF DEATH  28s. DATE OF INJURY (Month, Dey, Year)  26b. TIME OF INJURY AT WORK?  WORK?							28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home (Specify)	e, ferm, stree	rt, factor	y, office			281. LOC City	ATION (Street or Town, State)	and Number	or Rural F	loute Number,
COMPLETED		CIAN: To the best of my											) and manner as stated.
TO BE C	296. SIGNATURE AND STILE OF CERTIFIES						29c. LICE				29d. DAT		(Month, Day, Year)

GAITHERSBURG, MD 20877

NO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Y GROVE RD., GAITH

31. DATA CILEG (MEMER). Dey. 1991

BALTIMORE, MAI	O THE HOSPITAL OF MITERIBING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retaine	O THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should directly be found to the start death with the Start heart of Health and Mental Horiene prior to burial cremation, or removal.	MINDER THE TERMS OF THE MAN THE MENT OF THE TRAINING OF THE TRAINING EVENT. THE MEDICAL AND THE PROPERTY. IF IAM 28-16 MARKET AND THE PROPERTY. IF IAM 28-16 MARKET AND THE PROPERTY. IF IAM 28-16 MARKET AND THE PROPERTY. IF IAM 28-16 MARKET AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	07	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foreign within 27 has been with the State hand plant of Health and Mental Hotelen prior to burial cremation, or removal.	
	PITA	RA	<u> </u>
	100	UNE	N
	Ψ	出版	DATE
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	1. DECEDENT'S NAME (First, Middle, Last) SCHROTH	JUANIT	A	13			2. DATE OF MONTH	DAY	1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-14-8384	1 🗆 M 2 🔀 🥫	AGE (In yrs. les	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7	Day, Year 39	Cou	THPLACE (State or Foreign nitry) URTH CARGLIN
TOR	98. FACILITY NAME (If not institution, give: Stella Maris I				96. CITY, TOWN OR LOCATION OF DEATH TOWSON			94	Baltimore	
DIRECTOR	10e. STATE 10b. COUNT Maryland Bal		10c. CITY, TOWN OR LOCATION TOWSON					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	100. STREET AND NUMBER 2300 Dulaney Val	ley Road		101. ZIP CODE 21204				16	WHAT COUNTRY?	
COMPLETED BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. AR YES 2 1 OR DATES	MED	If yes, sp	CENDENT OF HISPAL Hecity Cuban, Mexica 1 2 NO Specific	n, Puerto R		Bir	CE — American Indian, ack, White, stc. ecity: White	
	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S U ive kind of wo . Do NOT use	ISUAL OCCUPAT) ork done during me retired.)	ON ost of working	16b.	CIND OF BUSINE	SS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)		May S	R'S NAME (First, Middle, Meiden Sumame)  NY Spinghauer						
2	19a. INFORMANT'S NAME (Type/Print)  Mary Lazzaro		344	Cresswe		Balt	more.	Maryla	nd 21225	
1100	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	of cemetary Balt	ob. PLACE AND DATE OF DISPOSITION (Name I cemelay, cremetory or giper piace).  Baltimore—Washington Cre							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Ambrose Funeral Home, Inc.  1328 Sulphur Spring Road 21227									
6	22 PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):									
- 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
ATION	If any, leading to immediate	DUE TO (OF	R AS A CONSE	QUENCE OF	):			<u> </u>		
EHITEATION	If any, leading to immediate	c	R AS A CONSE							
: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OF	R AS A CONSE	OUENCE OF	):	ng cause given in	Part I.	244. WAS AN AU PERFORME 1 YES 2	D?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of th	c	R AS A CONSE	OUENCE OF	the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the un	LACE OF DEATH (C	heck only on	PERFORME  1 YES 2 Y	(NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
3Y PHYSICIAN: MEDICAL CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	d	R AS A CONSE	OUENCE OF	26. F OTHER: 4 □ Nursing Hot OF Jest. IN WY		heck only on	PERFORME  1 YES 2 Y	(NO GOSPICE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 No
ED BY PHYSICIAN: MEDICAL CE	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OF d	R AS A CONSE	ouence of	26. F OTHER: 4   Nursing Hor NPY   1	PLACE OF DEATH (C	heck only one 6 Nother 26d. DES	PERFORME  1 YES 2   (Specify)	OSPICE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 No
AN: MEDICAL CE	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OF  d	R/Outpatient :  UURY — At h (Specify)  y knowledge, d	ouence of	26. F OTHER: 4 Nursing Ho NPY M 1 treet, factory, offi	PLACE OF DEATH (Come 5   Residence	heck only on  6 [Mother  26d. DES  26f. LOC: City to	PERFORME  1 YES 2   (Specify) F  CRIBE HOW INJUINATION (Street and rown, State)	IOSPICE UNY OCCURED  Number or Rur  r se stated.	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO

AUG 5 1991

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or affending physician.

TO THE FLINERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND /			F HEALTH		IENTAL HYGIENE REG. NO.		1 12 1 12 0	-
	1. DECEDENT'S NAME (First, Middle, Lest)	Trippe					2. DATE OF DEATH DAY	L 9"	3. TIME OF DEATH	16
	4. SOCIAL SECURITY NUMBER 212-12-7560	5. SEX 8. AGE (In yrs. In	et birthday) YRS.	IF UNDER 1 YE		24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/8/00	8. B	HRTNPLACE (State or Foreign ountry) USA =	1
	9a. FACILITY NAME (If not institution, give at			9b. CITY. TO	WN OR LOCATIO	ON OF DE		9c. COUNTY		$\dashv$
TOR	Deaton Nursing	Home		Ba	ltimo:	re	MD -	BAlt	imore City	
FEC	10a, STATE 10b. COUNTY		10c. CIT Ba	Y TOWN OR L	ocation ore			10d. INSIDE CITY XXLIMITS?		
FUNERAL DIRECTOR	10e. STREET AND NUMBER 611 S. Ch	arles St.	.1		101. ZIP CODE 212:				1 Q YES 2 Q NO OF WHAT COUNTRY? SA	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Midowed 4 Divorced	☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 N			DECENDENT O I, specify Cuba YES & NO	or No 14.	RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Give kind of to a. Do NOT us	Depent's usual occupation solved done during most of working by NOT use retired.)  Domestic							
	17. FATHER'S NAME (First, Middle, Last)	73	DOM		16. MOTE		AE (First, Middle, Maiden			
BE	N/ 19a. INFORMANT'S NAME (Type/Print)	Db. MAILING	ADDRESS (St	reet and Number		oute Number, City or Town		fe)		
임	Stanton Day									
	Stanton Day  200. PLACE OF DISPOSITION (Name of commotory, crematory or Disposition of Disposition of Community or Disposition Of Disposition Of Community or Disposition Of Community or Disposition Of Community or Disposition Of Community or Disposition Of Community or Disposition Of Community or Disposition Of Community or Disposition Of Community or Disposition Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of Community Of									
	21. SIGNATURE OF FUNERAL SERVICE LIC	C. Mos	200		701 I		ens St.	A. Mo	orton & Sc	ns
	23. PART I. Errer the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that around the d Liet only one cause or each tin	16.				such p		Interval Betw	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSE	SQUENCE O	B	rell	b	Dere	ere	3/n	
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition  Part II. Other algnificant condition  Part II. Other algnificant condition  Part II. Other algnificant condition		resulting		rlying cause	given in	Part I. 24s. WAS AN PERSON 1 YES 2	MED?	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	IS, PLACE OF D	EATH (Chi	ick anly ane)		-	=
PHYS	1 YES 2 190  27. MANNER OF DEATH  1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIA		Nome 5 Rec. INJURY AT WORK?	sidence	6 Other (Specify)  28d. DE\$CRIBE HOW II	NJURY OCCUR	ED	
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY — At h building, atc. (Specify)	nome, ferm,		offica	NO	281. LOCATION (Street a City or Town, State)		Rural Route Number,	_
COMPLETED	one)	ICIAN: To the best of my knowledge, o							use(a) and manner as state	d.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	How u	D		29c. LIC	ENSE NUM	860	29d. DATE SI	GNED (Month, Day, Year)	
0	50. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF SEATH OF	EM 27) 690	a, Print) 6/	15.	de	Jule 80	20		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			100	. , ,	- 10			
	AUG 5 1991	Julia Savidson-Rong	402						DNMH-18 Re	ev 1/89

Julia Savidson-Render

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mours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

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signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, or other shows any 8 g 6 ä marked. this Affer death DRECTOR: A hours after of item 28 is 22 hours FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 73

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH August 3, DAY 1991 YEAR John Plummer Tant 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 - F 5-20-17 74 499-46-4754 Canada 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Old Court Nursing Home Randallstown Baltimore RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Randallstown 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5412 Old Court Road 21133 Canada 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 X Widowed 4 Divorced ВУ White ETED. 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Unity Church of College (1-4 or 5+)
4 Years Elementary/Secondary (0-12) Retired Minister Christianity 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) Alexander Tant Janet Brown 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Karen Kipnes 3304 Offutt Road Randallstown, MD 21133 20a. METHOD OF DISPOSITION
t □ Burlel 2 X Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Carroll Cremation Services 8/8 4 ☐ Donation 5 ☐ Other (Specify) Hampstead, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onsat and Death disesse or condition Netwelet resulting in death) ec DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO 1 TES 3 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA g Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJUSTY (Mostly, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO Accident 3 Suitcide PLACE OF INJURY — At home, term, street, testily, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 1 CERTIFYING PHYSICIAN data and place, and due to the cause(s) and manner as stated. ion, death occured at the time, date end place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 037944 DEATH (ITEM/27) (Type, 1948 hibert

32. REGISTRAR'S SIGNATURE Lulia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

NOISINIA	SINISION OF VITAL RECORDS, F.O. BOX 881 80,	DALTIMONE, MANTLAND
TO THE HOSBITH ON WITCHDING	TO THE HOSE HIGH MITEMOING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	mours after death. Page 6 may be retained by the hos
TO THE EMISSION OF CTOR: After	TO THE FINE TOWER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	lled in by the funeral director, page 5 should be detached
be filed within 72 found after death	be filed with a found after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1, or removal.
IMPORTANT: If Item 28 is ma	IMPORTANT: If then 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFIC	ATE OF	DEAT	H		EG. NO.			
		TART						2. DATE OF D MONTH 08	D/		YEAR	IME OF DEATH
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	birthday) IF I	JNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	0 IRTH		B. BIRTHPLAC	10:30 a.1
	238-50-6340	O∏ M 2 □ F	62	YRS. MON	THE DAYS	HOURS	MIN.	11-2	8-2	8 5	South	Carol:
7,	9e. FACILITY NAME (If not institution, give s	treet and number)		9b.	CITY, TOWN	OR LOCATIO	ON OF DEA				TY OF DEATH	
DIRECTOR	THE JOHNS HOPK	INS HOSPIT	AL		BALT	IMORE	CITY	Y	3			
2	10e. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOC	ATION			10d.	INSIDE CITY		
EI I	Maryland	none		Ва	altin	Cit	ty				LIMITS? YES 2 NO	
	10e. STREET AND NUMBER			-	1	01. ZIP CODE			EN OF WHAT			
띨	1434 N. Eden	Street			21213			U			ted S	tates
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEDENT I YES, GIVE WAR OR DATES  13. WAS DECEDENT I YES, GIVE WAR OR DATES							, Puerto Ricen			14. RACE — A Black, Whi NEGRO	mericen Indien, ite, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION Completed)	18e. DEC	EDENT'S USU	AL OCCUPAT	ION		16b. KINI	OF BUS	SINESS/INDU	STRY	
Ē	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. I	Do NOT use reti	red.)							
MP	8th grade	none	Park	ting I	JOT A				AP C			
8	17. FATHER'S NAME (First, Middle, Last)  Alex Tart  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Sally Johnson											
8	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	Darlene Height 1434 N. Eden St. Balto, Md. 21213											
	20a. METHOD OF DISPOSITION 1/4. Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE AI	ND DATE OF DIS	SPOSITION (	Vame of		DATE			Ity or Town, \$	
	4 Donation 5 Other (Specify) MIT. ZION Cemetery 8-9-91 Baltimore, Marylan											
	· Cahrin B	Lorne	1900	lr.	Cal 141	vin 2 E.	B. Pre	Scrug	gs : Str	Funer eet, F	ral H Balto	ome .Md. 2]
	Calvin B. Scruggs Funeral Home 1412 E. Preston Street, Balto, Md. 21  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, enock, or heart fellure. List only one cause on each line.  Approximate interval Between											
	IMMEDIATE CAUSE (Final	-		,							İ	Onaet and Des
	disease or condition recuiting in deeth)	a. Seps	15		Seps	sis)						2 week
		DUE TO (OR AS A CONSEQUENCE OF):										
0	Sequentielly list conditions, Due to 100 as a consequence op:											
CAT	If any, leeding to immediate cause. Enter UNDERLYING			,							į	
Ĕ	CAUSE (Disease or injury thet initieted evente	DUE TO (O	R AS A CONSECU	JENCE OF):								
CERTIFICATION	resulting in death) LAST											
	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING											
MEDICAL								- 1	PERFOR		CDM	LABLE PRIOR TO PLETION OF CAUSE
Ä									, ,	(*)		YES 2 V NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DE	EATH (Che	ck only one)				
PHYSICIAN:	1 TYES 2 NO	1 1 Inpatient 2 🗆 E		DOA 4	HER: Nursing Ho	me 5 🗆 Res	sidence 8	0ther (Spe	ectly)			
	27. MANNER OF DEATH  1 V Netural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIME OF INJURY	W	JURY AT		28d. DESCRIB	E HOW II	NJURY OCCU	JRED	
В	2 Accident Investigation	28e PLACE OF I	NJURY — At hom		"	YES 2	NO	ned I OCATION	1.004		2 12 1	
	3 Suicide a Could not be determined	building, etc	(Specify)	,,	, ractory, on			281. LOCATION City or Tox	vn, State)	ING NUMBER O	r nurai noute .	Number,
COMPLETED	29e. CERTIFIER 1 Y CERTIFYING PHYSI	CIAN: To the best of my	/ knowladoe. de=	th occurred et	the time de	and olace	and due	to the cause/->	and ma-	Der ee etet-	4	
MC	anal	R: On the baels of exam										mennar ee stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIE	2/				29c. LICE					SIGNED (Mon	
8	(Xanla).	lly	M	1			202			•	x/1/	9/
0												

29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER AND ADDRESS OF PERSON WHO COMPLETED QUISE OF DEATH (ITEM 27) (Type, Print)

-A-10-5

INCOMMONTAL Day, Year)

J. DEGISTDAR'S SIGNATURE

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J. DEGISTDAR' 29d. DATE SIGNED (Morfin, Day, Year, 9 LANDON 31. DATE-FILED (Month, Day, Year)

RIIG 5 1991

Pages 7, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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		LITTITIOA	TE OF DE	AIN	REG. NO.  2. DATE OF DEATH MONTH DA	V VE	3. TIME OF DEATH		
	Buren				August	1,199	î 11:30p		
4. SOCIAL SECURITY NUMBER 212-22-6795	5. SEX 6. AGE (In yrs. le	set birthday) IF UM MONTH		JAS MIN.	7. DATE OF BIRTH (Morith, Day, Year) Aug. 1, 189		BIRTHPLACE (State or Foreign Country) MAryland		
9. FACILITY NAME (II not institution, give str.  Riverview Nur		9b. C	TY, TOWN OR LO	CATION OF O	EATH	9c. COUNTY OF DEATH BAltimore			
RESIDENCE OF DECEDENT  10e. STATE 10b, COUNTY	altimore	10c. CITY, TOW	N OR LOCATION	le Ri	ver	DA.	10d. INSIDE CITY		
10e. STREET AND NUMBER			10f, ZIP	CODE		10g. CITIZEN	1 ☐ YES 2 🔀 NO OF WHAT COUNTRY?		
2139 Redthorn	Road			212	220		USA		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		IS. WAS DECENDE If yes, specify 1 TYES 2	Cuban, Mexic	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:	or No— 14.	RACE — American Indien, Black, White, atc. Specify: White		
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		PECEDENT'S USUAL Give kind of work do fe. Do NOT use retire HOUSEW	ne during most of ( d.)	working	16b, KIND OF BUS	INESS/INDUST	'AY		
17. FATHER'S NAME (First, Middle, Last)		nousew		MOTHER'S NA	AME (First, Middle, Maiden	Surname)			
Wenceslous N	ſika			Anr	na Biba				
19a. INFORMANT'S NAME (Type/Print)	1				Route Number, City or Town				
AnnaMae Pomero	ру	2139	Redtho	rn Ro	oad Baltin	more l	Md.21220		
20a. METHOD OF DISPOSITION  1 Burlet 2 Cremation 3 Remo  4 Donation 5 Other (Specify)	val from State 20b. PLAC of cemetar	E AND DATE OF D ry, crematory or oth		ne	DATE 20c. LO	CATION — City	or Town, State		
21. SJONATURE OF FUNERAL SERVICE LICE		1	22. NAME AND AL	ODRESS OF F	ACILITY		-		
Connelly Funeral Home Connelly Funeral Home 300 MACe Ave. 2122									
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, ahock, or heart tellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	EQUENCE OF):	Tu 8	del	to vase	elisea	ne		
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
Recent from	use given ii	1 Pert i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:								
EXAMINER?					6 Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED				
	HOSPITAL: 1 Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year)		28c, INJURY WORK?	AT	26d. DESCRIBE HOW I	NJURY OCCUR	EU		

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 0 0

OHMH-15 Rev 1/89

Pages 1, 2, 3 should

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. Julie DESTEARS SIGNAMENT

LAGER

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j.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
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he law	has	e Dep	T 23
SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ificate	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICE	cent	h the	0,0

21206 91 FOR CO STATE REGISTRAR Corr. per F.H. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH #6 & #7-8/5/91 REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Weir Paul B 08/03 0505 AM 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 216-40-1940 1 🔯 M 2 🗆 F 42-49 YRS. 11/30/48 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital DIRECTOR Baltimore City Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO Arbutus FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 987 Circle Drive 21227 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, P 1 Never Married 2 Married ORCES? 1 X YES 2 YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp during most of working Elementary/Secondary (0-12) College (1-4 or 5+) supervisor mfg. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surna Charles H. Weir BE Clara Labatue 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 June McDaniel Weir 987 Circle Drive Arbutus Maryland 21227 20a. METHOD OF DISPOSITION
1X Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 3 🗆 R (cemetary crematory or other place)
(arr land Veteran Cemetery 8/6/91 Garrison Forest 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road 21227 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feliure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) epato - remove to (or as a consequence of): day CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE if any, leading to immediate cause. Enter UNDERLYING enec's cirr CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST look xcessive a PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE 1 TYES 2 AO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 4 D Nu 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. 2 MEDICAL EXAMINER: On the basia of a 29h, SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE aurence DO1 allager, NO

STAGNESMED CTR, WILKERS,

Balto

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND ME	NTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	M. WRIGHT		DATE OF DEATH DAY	YEAR 3. TIME OF DEATH					
	1. SOCIAL SECURITY NUMBER	1 M 27 F 94 YRS. M	IF UNDER 1 YEAR IF UNDER 24 HRS. 7 HONTHS DAYS HOURS MIN.	DATE OF BIRTH (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)  S (4) JS P.SSV					
TOR	99. FACILITY NAME (If not institution, give s	Loch Raysa	TOWSON		TY OF DEATH					
DIRECTOR	100. STATE 100. COUNTY	toc. cipe.	TOWN OR LOCATION  ARKVILLS - C	ANS V	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER  8 PAPLE HO	HOW LOURT	101. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC II yee, specify Cuben, Mexican, F 1 YES 2 NO Specify:							
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		rk done during most of working	16b. KIND OF BUSINESS/INDU	STRY					
OMP	12 Y RS. 17. FATHER'S NAME (First, Middle, Last)	24RS. SCHOOL	TEACHER							
BE	19e. INFORMANT'S NAME (Type/Print)	Minney	HADDE	(First, Middle, Melder Surneme)	HzU					
2	FAMILY RE	LORAS 196. MAILING AC	ODRESS (Street end Number or Rural Rout	Number, City or Town, State, Zip C	Code)					
	20a, METNOD OF DISPOSITION    Surfel 2   Cremetion 3   Removal from State									
	21. SIGNATURE OF FUNETIAL SERVICE LIC	ENSEE Dans	22. NAME AND ADDRESS OF FACILITY SUPPLY STATES OF FACILITY SUPPLY STATES OF FACILITY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY S	"of Memoris	S Pack Fue					
	23. PART I. Enter the disease, or canock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	complications that caused the death. Do not List Dnly one cause Dn each line.  DUE TO (OR AS A CONSTOUENCE OF):	ve Heart	a cardiac or reapiratory arrest	st, Approximate interval Batween Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition:	s contributing to death but not resulting in t	the underlying cause given in Par	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIAN:	EXAMINER?		28. PLACE OF DEATN (Check of THER:  Nursing Nome 5 Residence 8							
уни .	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME O	OF 28c, INJURY AT 28c WORK?	d. DESCRIBE NOW INJURY OCCU	RED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — Al home, farm, atred building, atc. (Specify)	1 TES 2 NO	. LOCATION (Street end Number or City or Town, State)	Rural Route Number,					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, death occurred at	at the lime, date end place, end due to il	ne couse(e) and manner se atated	Couse(e) and menner as stated.					
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Jownong	D IS4/		SIGNED (Month, Day, Year)					
	DR VUONG	COMPLETED CAUSE OF DEATH (ITEM 27) (7/09, PH	NIMD.	1900 E 200	La B1284					
	31. DATE AND (Penting Day, Year & Graph	G 3 PHOSISTING BISNATURE AND SELECTION OF THE STREET	YEN MD							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		IRYLAND C	/ DEPARTA	MENT OF	HEALTH AND I	MENTA	REG. N		1 6	21200
DECEDENT'S NAME (First, Middle, Lest)     SHARON	N.		WII SON	1		2. DATE	OF DEATH	9 mr 1991	YEAR	1.2:00 P
4. SOCIAL SECURITY NUMBER	1 🗆 M 2 💢 F	L AGE (In yrs. II		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	of BIRTN th, Day, Year) -2-1961		6. BIRTNE Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give : 1624 NORTH F		JUE	96		OR LOCATION OF DE	EATN			NTY OF DE	
RESIDENCE OF DECEDENT	04 102.									
10a. STATE 10b. COUNT	Y			TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 \( \) YES 2 \( \) NO
1624 N. Fulton					Of. ZIP CODE					HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2		It yee, s	CENDENT OF NISPAN pecify Cuban, Maxica S 2 (7) NO Specify	an, Puarto I	17 (Specify Rican, atc.)	Yea or No-	14. RACE	- American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed)  College (1-4 or 5 +)	(0	ECEDENT'S USI (Give kind of work te. Do NOT use re	k done during m	ON ost of working	16b	KIND OF	BUSINESS/INDU	USTRY	
17. FATNER'S NAME (First, Middle, Lost) Nathaniel Wilson					18. MOTHER'S NAI					
19a. INFORMANT'S NAME (Type/Print)		11	96. MAILING AD	DRESS (Street	and Number or Rural F				Code)	
Gregory Wilson					ane AptJ Ba					
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	20b. PLACE cometery, cr	PLACE AND DATE OF DISPOSITION (Name of lery, prematory or other place) King Memorial Park				E 20c.	LOCATION — C			
21. SIGNATURE OF FUNERAL SERVICE LIKE	brow			22. NAME A	h F/H West	CILITY		anuarisu	WIL	140
23. PART I. Enter the diseases, or ehock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	S	aused the de on each line	CARD		ode of dying, auch		liec or ree	epiratory erre	eat,	Approximete interval Batween Onset and Deeth
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OF	R AS A CONSE	EOUENCE OF):							
PART II. Other algnificent condition	a contributing to de	ath but not	resulting in ti	he underlyin	3 cause given in t	Pert i.	PERF	AN AUTOPSY CORMED?	6	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 \( \subseteq \text{NO} \)	HOSPITAL:	P/Outpatient	2 7004	THER:	LACE OF DEATH (Che					
27. MANNER OF DEATH	28a. DATE OF INJ	JURY	28b. TIME OF	F 28c. INJ				W INJURY OCCU	1950	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1		INJURY	M 1	ORK? YES 2 NO					
3 Suicide 6 Could not be determined	28a, PLACE OF IN building, alc.	(Specify)	me, farm, atree	4, factory, offic		28t. LOCA City o	ATION (Stree or Town, Stat	et and Number o	or Rural Roo	ute Number,
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the beat of my R: On the beals of exam	knowledge, de	eath occurred at	t the time, data	and place, and due (	to the caus	se(a) and m and place,	nanner as states	d. cause(a)	and manner as stated.
296. BIGNATURE AND TITLE OF CERTIFIER	Kae				29c. LICENSE NUMI	BER			SIGNED (A	Month, Day, Ybar) 20 1.991
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OF DEATH (ITE	M 27) (Type, Prin				אד. וייד	MODEL M	D 1757	AND 21201

guia Daydoon Kinds

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-
60,	within 24	mpletely fills
( 687	executed	and cor
. BO)	ficate be	physiciar
P.0	ath certi	Hending
RDS,	nt the de	by the a
ECOI	quires tha	n signed
AL R	a law re	has been
VIT	JAN: The	rtificate
OF	PHYSIC	r this ce
SION	FENDING	OR: After
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATT	DIRECT

ending physician. as the burlal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE O	MARYLAND /	DEPARTMENT	OF HEALTH	AND MENTA	L HYGIENI
	CE	RTIFICATE	OF DEAT	TH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT CERTIFICATE		MENTAL HYGIE!		2120			
1. DECEDENT'S NAME (First, Middle, L.	Cha	Wa	Mace	2. DATE OF DEATH MONTH		3. TIME OF DEATN			
4. SOCIAL SECURITY NUMBER 459-36-6846	5. SEX 6. AGE (in yrs.	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	29	BIRTNPLACE (State or Foreign Country)			
9a. FACILITY NAME (If not institution, g	Hosp.	96. CITY	Altimore	City	9c. COUNTY	OF DEATH			
MATULAN 10b. CON	UNTY	BALL	more	V		10d, INSIDE CITY LIMITS? 1 FYES 2 NO			
100. STREET, AND NUMBER  3 6 0 2 FeR  11. MARITAL STATUS		,	101. ZIP CODE 2/2/5		11:	S, A,			
1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 1 TES 2 [ IF YES, GIVE WAR OR DATES	NO N	AS DECENDENT OF NISPAN yes, specify Cubent Mexica YES 2 10 Specify	n, Puerto Ricen, etc.)	14.	RACE — American Indian, Black, White, etc. Specify: IS/IAC L			
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		DECEDENT'S USUAL OC (Give kind of work done do life. Do NOT use retired.)		16b. KIND OF B	USINESS/INDUST	TRY			
17. FATHER'S NAME (First, Middle, Last	Unllnaa		16. MOTNER'S NA	ME (First, Middle, Meide	n Surnamen	0, =			
199. INFORMANT'S NAME (Type/Print)	Wallage	19b. MAILINO ADDRESS	(Street end Number or Rura)	Poute Number, City or To	wn, State, Zil Co	1 2/2/5			
20a. METHOD OF DISPOSITION  1 Description 3 Description 3 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5 Description 5		ACE AND DATE OF DISPO		DAJE 20c. L	OCATION — City	or Town, State			
21. BIGHATURE OF FUNERAL SERVICE	ELICENSEE		AME AND ADDRESS OF	255 FU	verm	Home			
23. PART I. Enter the diseasea, ahook, or heert fall	or complications that caused the	death. Do not enter	he mode of dying, suc	ch es cardiec or res	piratory arrest	Approximate interval Between			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pneum  Due to (or as a con					Onset and Dear			
	- Turminal	Lu.	ma (	ancer					
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING									
CAUSE (Disease or Injury that initiated events resulting in death) LAST	C DUE TO (OR AS A CON	SEOUENCE OF):							
PART II. Other algnificant cond	litions contributing to death but no	ot resulting in the und	derlying ceuse given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE			
				1 🗆 YES	2 NO	OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL	AL HOSPITAL:	Lozusa	26. PLACE OF DEATH (C/	heck only one)		I			
1 🗆 YES 2 🖫 10	1 Dispatient 2 ER/Outpatien		ng Home 6 - Reeldence	Y**					
27. MANNER OF DEATN  1 Natural 5 Pending		28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE NOV	Y INJURY OCCUR	ED			
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide datermine	28e. PLACE OF INJURY — A building, stc. (Specify)	t home, farm, street, facto		26t. LOCATION (Street City or Town, Sta	TION (Street and Number or Rural Route Number, Town, State)				
CONSTRUCTION CONTY	PNYSICIAN: To the best of my knowledge					ause(e) end manner ee stated.			
29b. SIGNATURE AND TITLE OF CER	100		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)			
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	N WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)			'/				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR			KI.					

DNMN-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last)							<u> </u>	DEAIII	1 2	DATE OF D	EATN.			3. TIME OF DEATH
		Cha	arles	Da1	las	W	hit	man	1	MONTH	DA	ž, 19	YEAR	2'00 PM
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (in yrs. les		IF UNDER 1	/EAR	IF UNDER 24 H	RS. 7.	Augu		2, 13		IPLACE (State or Foreign
	216-14-7916	5	1 DM 2 DF	66	YRS.	MONTHS (	AYS	HOURS MI	N.	(Month, Day,	Your)	24	Counti	rginia
	9e. FACILITY NAME (If not it	nstitution, give s	treet end number)			9b. CITY, T	O MWC	R LOCATION O					NTY OF D	-
8	5808 Wes	stchest	er Hills	Court		Svk	esv	ville				- Protection (A)	Carro	
5	RESIDENCE OF DE	10b. COUNT												
DIRECTOR		Cari			10c. CIT						10d. INSIDE CITY LIMITS?			
	Maryland		1011			Sykesville						1 YES 2 NO		
FUNERAL	5808 Westchester Hills Court						101. ZIP CODE 10g. CITIZEN OF WHAT OF U. S.A.							
=	11. MARITAL STATUS	Cenes			MED	12 90	S DEC							
	1 Never Merried 2XXMerried		FORCES?	NT EVER IN U.S. AR	10	If yee, specify Cuben, Mexicen,			xicen. P					E — Americen Indien, k, White, etc.
ВУ	3 Widowed 4 Dive	orced			IWZ	''	1123	2 (3 NO S	эвспу:				Speci	nite
	15. DEC (Specify on	EDENT'S EDU	CATION completed)	(G	ive kind of a	USUAL OCCI	JPATIO	N st of working		16b. KIND	OF BUS	INESS/IND	USTRY	
Ä	Elementary/Secondary (	0-12)	College (1-4 or 5	+) #fe.	Do NOT us	se retired.)					- 6	MD.	Τ	
COMPLETED	12 Years 17. FATNER'S NAME (First, A	Alabama da a ab		Spe	ciai	Polic	e	Office					Juvei	nile Service
		narles	Raymond	d Whitm	าท			16. MOTNER'S	NAME (			,	. + + 0:	rwhite
BE	190. INFORMANT'S NAME (		Raymond			100000000					-			
10	Mrs. Doris	Wh	Ltman	5	808	Westch	est	nd Number or A	Lls	Court	y or Town			e, MD 21784
	20e. METNOD OF DISPOSIT  1 Burlet 2 KCrematic  4 Donetion 5 Other	n 3 🗆 Reme	oval from State	20b. PLACEA cemetery, cre Carro	nd DATE (	of Disposition ther piece)	on (Nen	Servi	ces	8/3		ation —		wn, State Maryland
1	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	11			_	D ADDRESS OF			,		-	
	step	her,	M Ke	upa		B728	Li	iberty	Roa	d Ra	nda.	11st	own,	MD 21133
	23. PART i. Enter the d shock, or h	iseases, or c	complications the	it caused tha de	ath. Do r	not antar th	a mod	de of dying,	such as	cardiac o	r raspir	atory arr	est,	Approximate
	IMMEDIATE CAUSE (Final disease or condition ) Interval Between Onset and Daath													
	resulting in death)													
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list condit if any, leading to imme	iona,	DUE TO	OR AS A CONSEC	DUENCE OF	า:	Sp	reund		10	1	39	20	M 40 4 8
S	cause. Enter UNDERLY	ING		.0 11.	An	. 20		A	5		7	7	2 4	A
E	CAUSE (Disease or injuthat initiated eventa		DUE TO	(OR AS A CONSEC	WENCE OF	-L~201	m,	1	,	res	-1-	2~~		ums.
H	resulting in death) LAS	' L	ı	140	the	is peritonees car				Joch	rly			
	PART II. Other significa	nt condition	s contributing to	death but not n	eaulting i	n the unde	rtvina	cause given	in Pari	1 240 1	WAS AN	LITOPEY	245	WERE AUTOPSY FINDINGS
EDICAL							.,	g.va		'	PERFORI	MED?	290.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED										. 1 -	YES 2	□ NO		OF DEATH?
- I										. [				1 - YES 2 - NO
NA.	25. WAS CASE REFERRED TO	MEDICAL					26. PLA	ACE OF DEATH	(Check o	only one)				
Sic	EXAMINER?  1 YES 2 NO	j	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home	5 🗆 Reelden	ce 6 🗆	Other /Spec	the)			
PHYSICIAN	27. MANNER OF DEATN	STATE OF	28e. DATE OF (Month, D	INJURY ev. Year)	28b. TIMI		c. INJU	RY AT	-	. DESCRIBE		JURY OCC	URED	
B		Pending Investigation						ES 2 NO						
		Could not be	26e. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, ferm, a	treet, fectory,	office		261	. LOCATION . City or Town	(Street er	d Number	or Rural R	oute Number,
COMPLETED		oetermine o									., σιαισή			
겉	29e. CERTIFIER (Check only one)	IFYING PHYSIC	CIAN: To the best of	my knowledge, dea	th occurre	d at the time,	date e	end plece, end	due to th	ne cause(e) e	nd menr	er ee state	ed.	
ō.	2   MEDI			remination end/or in	vestigation	n, in my opini	on, de	ath occured at	the time	, date end pl	lace, end	due to the	e ceuse(s)	end menner se stated.
BE	290. SIGNATURE AND TITLE	OF CERTIFIER	0		w	>		29c. LICENSE	NUMBER		T	29d. DATE	SIGNED	(Month, Day, Year)
0	- Jan		200		-							<b>&gt;</b> <	8/2	-/91
-	30. NAME AND ADDRESS OF						1						7	1
	Dr. San				Parl	K Heig	nts	Avenu	1e					
	AUG 5			R'S SIGNATURE										
		100	11 yuna	Walker !	Bandal	20								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEMENT DESCRIPTION.

TO THE FUNEMENT DESCRIPTION OF STATE AND A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA

	REGISTRAR VAU	Middle, Last)						2. DATE	OF DEATH	w we		3. TIME OF DEATH
	Vange	in	WATKI	w.s				MONT 7	TH DA	473	EAR /	5 20
							IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th, Day, Year)	6.	BIRTHE	DC (State or For
	577 40 13	33	1 M 2 D F	7	S YRS.	BORTHS DATE	HOURS MIN,		114/16	Wa	sh.	"USA
~	9a. FACILITY NAME (If not ins					1	OR LOCATION OF D		1	9c. COUNTY		
5	RESIDENCE OF DEC	1226	MANUC	275		04	CTO.	red		1340	10	ciry
DIRECTOR	10a. STATE	10b. COUNTY	Y		10c. CITY,	TOWN OR LOCA	TION				T	10d. INSIDE CITY
PE	Maryland	Monto	gomery		Tako	oma Parl	ς					1X YES 2 1
AL	10e. STREET AND NUMBER					10	H. ZIP CODE			10g. CITIZEN	OF W	HAT COUNTRY?
FUNER	711-Gilbert	Str					20912			U.S.A.		
E	11. MARITAL STATUS  1 2 Never Married 2 1	Married	12. WAS DECEDENT FORCES?	YES 2	2 NO		CENDENT OF HISPA pecify Cuben, Mexic			or No— 14.	RACE Black,	<ul> <li>American India</li> <li>White, etc.</li> </ul>
B	3 Widowed 4 Divon		W.W. II		S	1 🗆 YE	S 2 🔀 NO Speci	fy:		F	Specific	
60		16. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during					ION	16	b. KIND OF BUS			212
	(Specify only Elementary/Secondary (0-		College (1-4 or 5 +)	)	Itle. Do NOT use	ork done during m retired.)	ost of working					
P.			4		Budget	analys	st	7	Army De	partme	ent	
COMPL	17. FATHER'S NAME (First, Mic						18, MOTHER'S N.			Sumame)		
BE	Thomas Watkins C  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Nurm						Corne					
5			(Desc F	2000 1							-	20012
	Marion T. Cunningham (Per.Rep.) 711-Gilbert St., Takoma Park, Maryland 20912  20c. METHOD OF DISPOSITION (Name of comoting, crimatory or 20c. LOCATION — City of Town, State											
	20e. METHOD OF DISPOSITION 1		oval from State	ot/ T	her place) Lee's Cr	romator	emetery, gremittory or	Washington, D.C.				
	21. SIGNATURE OF FUNERAL		CENSEE		CC 5 CL	22 NAME	ND ADDRESS OF F	ACH ITY				
			CENSEL			44. HAME		- Toler				
	►CD. A.	×	Biller		,		Iliam Lec					
	- Charles	, L.	Bilan	eer	/	300-4	th St., N	E, Was	shingto	on,DC 2	2000	02-5816
	23. PART I. Enter the disabook, or he	seases, or o	Bilan	caused the	na deeth. Do no	300-4	th St., N	E, Was	shingto	on,DC 2	2000	02-5816 Approximatinterval Ba
	23. PART I. Enter the disabock, or he IMMEDIATE CAUSE (Find disease or condition	seases, or c	Complications that List only one cour	se on each	h line.	300-4t	th St., NI ode of dying, su	E,Was	shingto	on, DC 2	2000	Approximatinterval Ba
	ahock, or he IMMEDIATE CAUSE (Fine	seases, or c	Complications that List only one cour	se on each	h line.	300-4t	th St., NI ode of dying, su	E,Was	shingto	on, DC 2	2000	02-5816 Approximatinterval Ba
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CERTIFIER (Check only one) 2 MEDI	seases, or cent failure.  ai  ona, diata NG ry  T   nt condition  on MEDICAL  Pending Investigation  Could not be determined  CIFYING PHYSI  CAL EXAMINE	DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE TO ( DUE	(OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR A	DNSEQUENCE OF)  DNSEQUENCE OF)  DNSEQUENCE OF)  DNSEQUENCE OF)  DNSEQUENCE OF)  At home, farm, st  Ge, death occurrend/or investigation	300-4: ot anter the m  Au  it is the underlying his correct, factory, officered, in my opinion, in my opinion,	th St., M ode of dying, su  **RECEIVE  **RECEIVE  **LOUR B  **  **PLACE OF DEATH (C  **THE 5   Residence  **JURY AT ORKY  VES 2   NO  ica  te and place, and de death occured at the	Part I.  Part I.  28d. Dil  28d. LO  Cit  to to the c  or time, da	24a. WAS AN PERFOR 1 YES 2  CATION (Street of Yor Town, State)  supe(e) end mente end place, en	AUTOPSY MED?  Re No  INJURY OCCUP  and Number or  oner se stated.  and due to the o	24b.	VERE AUTOPSY FINANCIA PRIOR PRIOR COMPLETION OF COMPLETION OF COMPLETION OF DEATH?  I VES 2 AVERAGE PRIOR COMPLETION OF DEATH?

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	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF DE	2. DAT	REG. NO.		3. TIME OF DEATH	
	JOHN E.	WELCH			MON O	7 30	1991	8:45 a.m	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)		10.4-	E OF BIRTH	8. BIRTH	PLACE (State or Foreign	
		1 □xM 2 □ F	MONTHS DAYS HOUP	IS MIN. (MO	/3/42	Md.	9		
~	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOC	ATION OF DEATH		9c. COUNTY OF DEATN		
Ē	THE JOHNS HOPKI	NS HOSPITAL		BALTIMORE	CITY		BALTIMO	DRE	
DIRECTOR	10e. STATE 10b. COUNT	TY	10c, CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY	
	Md.		Ba	ltimore,	City			LIMITS?	
₹ .	10e. STREET AND NUMBER			10f. ZIP C		100	g. CITIZEN OF W	HAT COUNTRY?	
FUNERAL	1329 Patterso		-	212			U.S		
BY	1 Marriad Status 1 Marriad 2 Marriad 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 TINO	13. WAS DECENDEN If year, specification 1 TYES 2 1 1	IT OF HISPANIC ORIG uban, Maxican, Puerto NO Specify:	iN? (Specify Yaa or N o Rican, alc.)	Io— 14. RACE Black, Specifi	- American Indian, WhiBlack	
윤	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)		USUAL OCCUPATION work done during most of wo	nekina 16	66. KIND OF BUSINES	SS/INDUSTRY		
BE COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	e retired.)	and the second				
	17. FATHER'S NAME (First, Middle, Last)  John E. Kelch				OTHER'S NAME (First		sme)		
	19a, INFORMANT'S NAME (Type/Print)		105 11411 1610		ary Fle				
TO BE	Trene Welch			ADORESS (Street and Num					
	20e, METHOD OF DISPOSITION	20	Ob. PLACE AND DATE	Patterso	DA		Stor	n State	
	1 Burtel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	167/9110ry W	estern St	ar		imore,		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	wisi	Wainwr 2700 E	ight Fu	neral Ho	ome	Md. 212	
atic event, the medical	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pulm DUE TO (OR AS	A CONSEQUENCE OF	Edema	is .		,, =	Approximate Interval Betwee Onset and Deat 12 hrs	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a 0110	A CONSEQUENCE OF	ardiomi	zopatu	<i>y</i>		6 monts	
2	PART II. Other algnificant condition	na contributing to death	but not reaulting i	n the underlying caus	e given in Part I.	24e. WAS AN AUTO		WERE AUTOPSY FINDINGS	
MEDICAL	wro supsi	5				PERFORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Kenal to	uture				/\		YES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL	Aprise							
17	EXAMINER?	HOSPITAL:		28. PLACE OF OTHER:	F OEATH (Check only o	ите)			
티일	27. MANNER OF DEATH	1 Inpatient 2 ER/Our 28s. DATE OF INJURY		4 Nursing Home 5 C					
] ≱ [	AT. MARRER OF DEATH	(Month, Day, Year)	INJ	JRY WORK?		SCRIBE HOW INJUR	T OCCURED		
:	1 Natural 5 Pending		Threatigation The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th						
ED BY PHY	1 Natural 5 Pending 2 Accident Investigation	28a. PLACE OF INJUR	IY — At home, farm, a		281. LO	CATION (Street and Nurser Town, State)	umber or Rural Ro	ute Number,	
LETED BY PHY	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	28a. PLACE OF INJUR building, atc. (Spi ICIAN: To the best of my know	ecily) wledga, death occurre	treet, factory, offica	28f. LOC/City	or lown, State)	a stated,		
LETED BY PHY	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	28a. PLACE OF INJUR building, atc. (Spa ICIAN: To the bast of my known IR: On the basis of examination	ecily) wledga, death occurre	d at the time, data and pla	28f. LOC/City	nuse(a) end manner a	a stated, to the cause(s)	and manner as stoted.	
ED BY PHY	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. PLACE OF INJUR building, atc. (Spi ICIAN: To the bast of my kno- ER: On the basts of examinati	wledga, death occurre on and/or investigatio	d at the time, data and pla n, in my opinion, death occ	28f. LO: City ica, and due to the ca cured at tha time, dat	nuse(a) end manner a	a stated, to the cause(s)		

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after, lead 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	OF H	TEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	H		REG NO

	1 - STATE STATE OF MARYLAND	/ DEPARTMEN	T OF HEALTH AND	MENTAL HYGIE		21210				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		3. TIME OF DEATN				
	Ethel M. YOUNG			August 4	1991	6:10 P.M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give street and number)	YRS.		SEPT. 7	1929:	SPARKS, MD.				
DIRECTOR	PRESIDENCE OF DECEDENT  96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  86. COUNTY									
REC	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		2.41	10d. INSIDE CITY				
	MARYLAND BALTO- CO,	LA	ENEY			1 YES 2 NO				
FUNERAL	2908 ONTARIO AVE		2/23	4	10g. CITIZEN	OF WHAT COUNTRY?				
2	11. MARITAL STATUS  1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 ☐	ARMED 13	WAS DECENDENT OF HISPA It yes, specify Cubart, Maxic	ANIC ORIGIN? (Specify Y	na or No.— 14.	. RACE — American Indian, Black, White, etc.				
B	3 Wildowed 4 Olvorced IF YES, GIVE WAR OR DATES		1 TYES 2 NO Spec			Specify:				
	15. DECEOENT'S EDUCATION 16a. I	DECEDENT'S USUAL (	OCCUPATION	165 KIND OF BI	JSINESS/INDUST	14176				
COMPLETED	(Specify only nignest grade completed)	(Give kind of work done life. Do NOT use retired.	during most of working	Too. Kind of Br	Jaine aarin DOS	147				
MPI	// - /	AYROL	L SUP.							
	17. FATHER'S NAME (First, MICHIELD) CROUSE		16. MOTNER'S N	AME (First, Middle, Maide	n Surname)	1-201				
BE			BEN	TRICE	LEB	MAN				
5	FOMILY PETERDS	19b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or To	wn, State, Zip Coo	de)				
	20a. METHOD OF DISPOSITION 20b. BLAC	E AND DATE OF DISPO	S ID /	MBOVE						
	1 D Burtal 2 Cremation 3 Ramovat from Stata 4 Donation 6 Other (Specify)	crematory or other place	Em CANY	RE VI RE	OCATION — City	or Town, Stata				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22	NAME AND ADDRESS OF F	ACILITY	- 1311	15 .0 5				
	Verhen J. Jair	- 2	VANS G	HAPEL	or	MEMORIES				
	23. PARTY Engler the diseased, or complications that caused the	death. Do not ente	the mode of dving ev	ch as cerdies or res	destant annual	I De Propunsion				
	shock, or heart failure. List only one gause on each list IMMEDIATE CAUSE (Fine)	ne.	the mode of dying, su	cir as cerdiec or res	nrecory arreat.	Interval Between				
	disease or condition resulting in death) . Metastatic Sm	all Coll	Lung Cancer			Onset and Death				
	DUE TO (OR AS A CONS		Lang Cancer	•						
Z	Sequentielly list conditions,									
ATK	If any, leading to immediate cause. Enter UNDERLYING	EOUENCE OF):								
FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONS	EQUENCE OF:								
CERTIFICATION	resulting in death) LAST	,				į				
	PART II Other significant conditions contain the significant									
MEDICAL	PART II. Other algnificant conditions contributing to death but not Acute Renal Failure.	resulting in the u	nderlying ceuse given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ED	Pseudomonas Sepsis, Pancytopen	ia		1 🗀 YES	2 🖔 NO	COMPLETION OF CAUSE DF DEATH?				
Σ	rseudomonas sepsis, rancycopen	ıa.				1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (C)	heck only one)						
SIC	EXAMINER?  1 YES 2 NO 1M inpetiant 2 ER/Outpetient	3 DOA 4 Nu								
F	27. MANNER OF DEATH 26s. DATE OF INJURY	26b. TIME OF	26c. INJURY AT WORK?	26d. OESCRIBE NOW	INJURY OCCUR	EO				
ВУ	Netural 5 Pending (Month, Day, Year)  2 Accident trivestigation	M	1 YES 2 NO							
	3 Suicide 6 Could not be 4 Nomicide determined	nome, tarm, street, fac	tory, office	261. LOCATION (Street City or Town, State	and Number or R	Bural Route Number,				
E										
MP.	29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, of	feath occurred at the	lime, data and placs, and due	e to the cause(a) and ma	nner as stated.					
COMPLETED	MEDICAL EXAMINER: On the basis of examination and/or	r Investigation, in my	opinion, death occured at the	time, data and place, a	nd dua to the ca	use(s) and manner as stated.				
B	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			GNEO (Month, Day, Year)				
2	Dar on dry MD  30. NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF GEATN (IT	F11 0 7 7 7 7 1 1 1 1	AFZ 32 8	3412139	▶ 8/	4/91				
	Brigid Baroody, M.D. 9000 Frankl		Dr pal+:	one MD 21	227					
	31. DATE FILED (Morrity, Day, May) 1991 Figure Day doon - Rand	in square	. Di . Baltimo	טופ ויוט. 21	231.					
	HUG 3 1991 Give Davidson-Hand	المال								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified to the control of within 2+ nours after death. Page 6 may be retained by the hospital properties of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending in the ampletely filled in by the funeral director, page 5 should be detached to buring the funeral director, page 5 should be detached within 72 hours after death with the State Deot, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
and within 24 nours after o	I completely filled in by the urial, cremation, or removal.	ic event, the medical e
the death certife to the	the attending ( Mental Hydiene prior to bu	Injury, or other traumat
JAN: The law requires that	rtificate has been signed by he State Dept. of Health an	or Item 23 shows any
TAL OR ATTENDING PHYSIC	AL DIRECTOR: After this ce 72 hours after death with t	If item 28 is marked,
TO THE HOSPI	TO THE FUNEF	IMPORTANT

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME			MENTA	REG. NO.	E 9	1 6	21214	
1. DECEDENT'S NAME (First, Middle,	- 0 11	e.	2 72				9	YEAR 3. T	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 579-62-8818	5. SEX 5. AGE	(In yrs. last birthday) IF UN MONTH	DER 1 YEAR	HOURS MIN.	7. DATE (Mon	23, 18	397	Country) Chin	CE (State or Foreign	
9a. FACILITY NAME (If not institution			HTY, TOWN OF	LOCATION OF DE		23, 10		Y OF DEATH		
Suburban Hos			Bethes				311	omery		
	COUNTY		10c. CITY, TOWN OR LOCATION  Washington, D.					10d. INSIDE CITY LIMITS? 1 X YES 2 N		
10e. STREET AND NUMBER				ZIP CODE	10g. CITIZE			EN OF WHAT COUNTRY?		
4400-Cheasape	ake Street, Nor	thwest	est 20016			Chir				
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR O	2 NO	NO If yes, specify Cuben, Mer					Specify:	RACE — American Indian, Slack, White, etc. Specify: riental	
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	S EDUCATION it grade completed) College (1-4 or 5 +)	16a. DECEOENT'S USUAL (Give kind of work do life, Do NOT use retire HOUSEWIT	one during most id.)	of working	16	at ho		STRY		
17. FATHER'S NAME (First, Middle, Le Mon Sung Ho		Housewil	18. MOTHER'S NAME (First, Middle, Maiden Surname) Mar Shee							
19a. INFORMANT'S NAME (Type/Prin Wah Bong Lee	(Son)	196. MAILING ADDR						,	)16	
20a. METHOD OF DISPOSITION  1 Donation 5 Other (Specify	Compound from Ctute	PLACE OF DISPOSITION other place)			-y		cation – ci elphi,			
21. SIGNATURE OF FUNERAL SERV	La Bélan	eer	J.W11 300-4	liam Lecth St., I	CILITY S VE,W	Sons Co ashing	ompany ton,DC	Fune 2000	eral Homo 02-5816	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	m	oni	R				Onset and Dec	
	nditions contributing to death in the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribu	y Lese			Part I.	24a. WAS AN PERFOI 1 YES 2	RMEO?	AVA COS OF	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDI			26. PL/	CE OF DEATH (C)	eck only	one)				
EXAMINER?	HOSP/TAL:		IER: Numina Home	6 🗆 Residence	6   OH	ner (Snecify)				
27. MANNER OF DEATH  1 Netural 5 Pendin	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJU WOF	RY AT		ESCRISE HOW	NJURY OCCU	RED		
2 Accident Investig 3 Suicide 6 Could in 4 Homicide determine	26s. PLACE OF INJUR's building, etc. (Spe	Y — At home, farm, street,		ES Z NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,	
Conton only	PHYSICIAN: To the best of my know								d manner as atlated	
296. SIGNATURE AND TITLE OF CE	etpers	hlast	hus	29c, LICENSE NU	MBER 05	_	29d. DATE	SIGNED (Mo	onth, Day, Year)	
30. NAME AND ADDRESS OF PERS	on who completed cause of di + BIRSC	EATH (ITEM 27) (Type, Airil)	4 n	10	43,	20 D	La	ned	70817	
AUG 5	991 Julia David	on-Randell								

21214

FOR STATE REGISTRAR

RUTH

10e. STATE

Md.

DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street end number)

10b. COUNTY

869 HOLLINS STREET

5. SEX

1 M 2 X F

4. SOCIAL SECURITY NUMBER

220-12-7704

RESIDENCE OF DECEDENT

(III)	TO BE COMPLETED BY FUNERAL	100. STREET AND NUMBER 869 Hollins Stre	et			101. ZIP COOE 21223		10g. Ci		AT COUNTRY?	
AND 21215-0020 the hospital or attending physician detached for use as the burlai-tra once.		11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:			(Specify Yee or No— en, etc.)			
		15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	UCATION  16 - DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working life. Do NOT use relired.)  Homemaker				18b. KIND OF BUSINESS/INDUSTRY				
# 8 a		Joe Sears				Allie	Sears	idie, Maiden Surname)			
E, MAR y be retained age 5 should be notified		196. INFORMANT'S NAME (Type/Print)  196. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  406 Dove Lane, Hempstead, Md. 21074									
ALIMORE, death, Page 6 may be huneral director, page (		20e. METHOD OF DISPOSITION  13 Burlai 2 Cremetion 3 Removal from State  41 Donation 5 Other (Specify)  12 SIGNATURE OF DISPOSITION (Name of camelary, crematory or other place)  Clen Haven Memorial Park  22. NAME AND ACCRESS OF FAC						Glen Burnie, Md.			
T de de la	_	23. PART I. Enter the diseases, or connect that use.	omplications that caused	the deeth. Do not	5695	L. Kaufm Main St.	. Elk:	ridge. Md	. 212	27	
24 file		IMMEDIATE CAUSE (Final disease or condition resulting in death)		A SECURE OF THE PARTY.				PIOVASCULAR Onset on			
th certificate be execute ending physician and or I Hygiene prior to burian or other traumatic	CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in deeth) LAST		CONSEQUENCE OF):				DISEASE			
requires that the deat een signed by the atte of Health and Mental shows any Injury,	MEDICAL CI	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in						4s. WAS AN AUTOPSY PERFORMED?  YES 2 NO	AM CC OF	RE AUTOPSY F AILABLE PRIOR MPLETION OF DEATH?	
The law require has been ate Dept. of	SICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch		NSPECTION	V ''	YES 2	
PHYSICIAN: this certifica with the St rked, or it	COMPLETED BY PHYSIC	1X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. I	NJURY AT WORK?		Specify)	CURED		
TTENDII TOR: A after de		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	At home, farm, streel, fectory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
¥ 42 =		29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of the cause(e) end menner of t								d menner ea s	
TO THE HOSPI TO THE FUNER be filed within	TO BE C	290. SIGNATURE AND TITLE OF CERTIFIER	ATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  O. C. M.  AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					29d. DAT	29d. DATE SIGNED (Month, Day, Year)  ▶ 08/01/91		
		MARID F. GOLLE		111 PEN	N ST	REET, BAI	LTIMO	RE, MARY	LAND	21201	

Jana Davidson-Ra

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE CITY

ZALLAR

10c, CITY, TOWN OR LOCATION

Baltimore

6. AGE (In yrs. leat birthday)

74

07

91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH 91 6:15 P 7. DATE OF BIRTH (Morth, Day, Year) 12/05/16 8. BIRTHPLACE (State or Foreign Country) Ke ntucky 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. white BUSINESS/INDUSTRY iden Surname) Town, State, Zip Code) 21074 . LOCATION — City or Town, State len Burnie, Md. al Home ge, Md. 21227 eepiratory arrest, Approximata Interval Between VASCULAR SEASE S AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? S 2 (NO 1 YES 2 NO ECTION W INJURY OCCURED eet end Number or Rural Route Number, tate)

OHMH-18 Rev 1/89

, end due to the ceuse(e) end menner ex stated. 29d. DATE SIGNED (Month, Day, Year) ▶ 08/01/91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1991

FFE	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tables after death. Page 6 may be ret TO THE FUNEAL, DIFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 she filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to bunal, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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91 21216 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. ASQUALINA 3. TIME OF DEATH 2. DATE OF DEATH MONTH (PAT) 1925 11 7. DATE OF BURTH 8. AGE (In yrs, lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 - M 2- F YRS 036-18-7682 RHODE ISLAND 9a. FACILITY NAME (If not institution, give str TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1914 North DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? ANNE ARUNDEL PASADENA MARYLAND 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 21122 1914 NORTH AVENUE USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Merried 2 Married 1 TES 2 1 NO Specify: Specify: ΒY 3 🔀 Widowed 4 🗌 Divorced WHITE ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) ANNE ARUNDEL COUNTY Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL 12th\_Grade Cafeteria Work BOARD OF EDUCATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 8 Angelo Rauso Deodata Pucino Rauso 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1939 Shiver Drive, Alexandria, Va. 22307 Ms. Barbara Appel 20s. METHOD OF DISPOSITION
1 String Burlet 2 Cremetion 3 Re
4 Donation 5 Colored 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or 20c. LOCATION -- City or Town, State HOLY CROSS BALTIMORE, MARYLAND Donation 5 - Other (Specify) CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kexin Ε. Ecker McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, Md. 21122 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** Arrhythmia disease or condition\_ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF). CERTIFICATION Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Diseene or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: g Home 5 Neeldence 8 🗆 Other (Specify) ntlent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Accider 5 Pending 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide detarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BE 2

Davidson

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2	3	7
5 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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31. DATE FILED (Month, Rey, Year)

1991

	1. DECEDENT'S NAME (First, Middle, Last) ELSIE À	BU		ICATE OF D		2. DATE OF DEATH		91 <sup>n</sup> 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-01-9890	1 - M 2 X F	72 YRS.		UNDER 24 HRS. URS MIN.	June 4, 19	19	BIRTHEL Country Mary I a	ACE (State or Foreign	
HOL	90. FACILITY NAME (If not institution, give : THE JOHNS HOPK RESIDENCE OF DECEDENT	street and number) INS HOSPITA	AL	BALITMOR	CATION OF DE		9c. COUNT	I TMOR	RE CITY	
- DIRECTOR	Maryland 106. COUNT	Υ		town on Location	y				Id. INSIDE CITY LIMITS?  YES 2 NO	
VEMAL	6829 Old Harford Road	d		10t. ZIP 21	234				T COUNTRY?	
BI FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR (	YES 2 XNO	13. WAS DECENDED IT yes, specify 1 YES 2	Cuben, Mexicen	C ORIGIN? (Specify , Puerto Ricen, atc.)	Yee or No — 1	4. RACE — Black, W	American Indian, filte, etc.	
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use Apartment		working	16b. KIND OF	BUSINESS/INDU	STRY		
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maid	len Surname)			
100	William Crout  196. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and N	Isie Fau		frum State 7in C	Cordel		
2	Mr. Gordon C. Butz			ld Harford R		ltimore, Ma				
	20s, METHOD OF DISPOSITION  1	oval from State	206. PLACE AND DATE O cometery, cremetory or off MONE Land Memo	FDISPOSITION (Name of			LOCATION - CI			
ı	21. SIGNATURE OF FUNERAL SERVICE LIC	Short) (Asset)	POLETON PEN	22. NAME AND AL		1	ltimore	Maryla	and	
	Michael	Lack	•			inc. 5305 H			1214	
	23. PART I. Enter the diseases, prospective.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Only Dila Cause L	n asch iina.						Approximate Interval Between Onset and Death	
MEDICAL CERTIFICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence or):								
	PART II. Other significant condition Hyperters on REPEATER CHE	s contributing to deel (OKUNANY	Anreny!	DISCASE	ise given in P		AN AUTOPSY ORMED? 2 (KNO	CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO  1  YES 2 NO  1									
	27. MANNER OF DEATH  1 Natural 5 Pending 286. DATE OF INJURY (Month, Day, Year)  286. TIME OF INJURY AT WORK?  1 Natural 1 YES 2 NO  286. INJURY AT WORK?  1 YES 2 NO									
	3 Suicide 6 Could not be determined	28e, PLACE OF INJ building, atc. (	URY — At home, farm, at	reet, factory, office	3	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	296. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my k	nowledge, death occurred	at the time, date end p	elece, end due to	the cause(s) end m	anner as stated.			
	(Check only one) 2 MEDICAL EXAMINE	R: On the basic of axamin	ation end/or investigation.	In my opinion, death o	ccured at the tir	me, data and placa.	end due to the c	ause(e) an	d menner as stated.	

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondelle

1	1. DECEOENT'S NAME (First, Middle, Last							2. DATE OF MONTH	DAY		3. 1	TIME OF DEATH
	DONALD GA 4. SOCIAL SECURITY NUMBER 220-38-5289	5. SEX	6. AGE (In yrs. les		NDER 1 YEAR			7. DATE OF (Month, L SEPT	BIRTH Day, Years		Country)	CE (State or Foreign
N.	98. FACILITY NAME (If not institution, given FRANCIS SCOTT		ΔŤ. CENTI		96. CITY, TOWN OR LOCATION OF DEATH  Baltemore			ATH				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN		AL OLIVI	10c. CITY, TOV	TTY, TOWN OR LOCATION						100	I. INSIDE CITY LIMITS?
	MD.  100. STREET AND NUMBER  923 SPANGLER	LYAV.	-0	BAL'	TIMOF	10f. ZIP CODI	1205	g. 150-r	T	10g. CITIZEN		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS BECEDEN FORCES? 1	T EVER IN U.S. AF YES 2 T		If yes,		F HISPANI	C ORIGIN?	(Specify Yea o		RACE — . Black, WI Specify:	American Indian, hita, etc.
COMPLETED B	SEDATATED  15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)  N/A	UCATION de completed)  College (1-4 or 5 d	) (G	ECEDENT'S USUA Bive kind of work of Do NOT use retir	lone during red.)		ng	16b. K	IND OF BUSIN	NESS/INDUS		HITE
-	17. FATHER'S NAME (First, Middle, Last) DONALD BENN			J. 101. 10					idle, Maiden Su H YOUN			
TO BE	19a. INFORMANT'S NAME (Type/Print) THERESA GAMBLE	(COUSIN)	19	b. MAILING ADD					City or Town,		212	05
	26e. METHOD OF DISPOSITION 1	movel from State	of cemetary	ANO DATE OF 1	DISPOSITION (CONTRACT)	ON (Name	,	DATE	20c. LOCA	TIMORE		
	21. SHONADORE OF FUNERAL SERVICE	LICENSEE .			SCHI		FUN	ERAL	HOME I		1d. 2	1213
	23. PART I. Epter the diseeses, o ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	se on each line	a. Otic					oc or respira	ntory arrea		Approximata interval Betwee Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	(OR AS A CONSE			<i>303</i> c	7					
MEDICAL CI	PART II. Other algoriticant condition	75	death but not	reaulting in th	e Underly	ying cause	given in		24a. WAS AN A PERFORM 1 YES 2	ED?	CO OF	RE AUTOPSY FINDIN MILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				L PLACE OF E	DEATH (Chi	eck only one)				
>	27. MANNER OP DEATH  1. Netural 5 Pending Investigation	1   YES 2   NO   1   Propertient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   R.  27. MANNER OF DEATH   28s. DATE OF INJURY (Month, Day, Year)   1   YES 2   1   YES 3   Y					NO NO	28d. OE\$C	(Specify) RIBE HOW IN	JURY OCCUI	REO	<u> </u>
ETED B	3 Suicide 8 Could not be determined	<ul> <li>building.</li> </ul>	OF INJURY — At h , etc. (Specify)	ome, farm, street	t, factory, o	office		City or	FION (Street an Fown, State) City, MI	5194 Wr		Number, Avenue,
COMPLET	contact only	YSICIAN: To the best of a										od manner aa stated
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	for 1	La	15/	AR	29c. LIC	ENSE NUM	ABER	7	29d. DATE S	GIGNED (M	ongf, Day, Year)
_	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU		FSK Prin	me	SI C	ark	4				

Items 27,28a,b,c,d,e,f, per MED, G-687, 5/6/92 gn
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR CERTIFICATE OF DEATH REG. NO.

31. DATE FILED (Month, Day, Year)

1991

AUG 6

32. REGISTRAR'S SIGNATURE

wia Davidson

|--|

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYG	
ECEDERT'S NAME (First, Middle, Last)		2. DATE OF DEAT	TH DAY

1. DECEDENT'S NAME (First, Middle, Last						2. DAT	E OF DEATH	DAV	YEAR	3. TIME OF DEATH
Bayless, The	eresa					мон	8	3	99	6.20A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER 1 YE		/0.5-	th, Day, Year)			HPLACE (State or Foreign
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1991 William BISASKY August 4, 5:05 Р.м 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-07-5698 1 🕅 M 2 🗆 F 71 DAYS YRS. 12-29-19 MD 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Franklin Square Hospital Rossville Baltimore County 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 16g. CITIZEN OF WHAT COUNTRY? 6205 Scranton Rd. 21237 USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Married ВУ 3 Widowed 4 Divorced W II White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Sparrows Point Ship Yard Supervisor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Bisasky Helen Slezak 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Bisasky 6205 Scranton Rd. Baltimore, MD 21237 20s. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Sacred Heart of Jesus 8-7-91 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cvach/Rosedale Funeral Home 1211 Chesaco Ave. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition . Probable Sepsis. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Bladder Cancer. Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE Adenocancer of Lung. OF DEATH? Cerebral Metastases 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 (X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 6 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Franklin Square Dr. Baltimore, MD. 21237.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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and advantage of more and resident by the hand	by filled in by the funeral director, page 5 should be detached	lation, or removal.	, the medical examiner must be notified at once.	
we with INCORDED ATTENDIAL PRINCEIN PRINCEIN TOWN TO THE PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND PRINCEIN AND	10 THE MOST INL. OR ALLENDING PRISIDING. THE Law requires that the death operations of completely filled in by the funeral director, page 5 should be detached. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bund, cremation, or removal.	'MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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31. DATE FILED (Month, Day, Year) AUG 6

Salkini,

M.D.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		REG. NO		91 21221
	1. DECEDENT'S NAME (First, Middle, Last) Elsie	May	В	oisseau		2. OATE OF DEATH MONTH AUGUS T	<b>5</b> , 199	3. TIME OF DEATH 1:15am M
	4. SOCIAL SECURITY NUMBER 219-30-9952	5. SEX 6. AG	BE (In yrs. lest birthday)  88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 27 1		BIRTHPLACE (State or Foreign Country) Virginia
	9a. FACILITY NAME (If not institution, give st				R LOCATION OF DE	ATH	9c. COUNTY	
DIRECTOR	Maryland Genera	l Hospital		Bal	timore (	City		
ᇣ	10a. STATE 10b. COUNTY	,	10c, CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland		В	altimor	:e			LIMITS?
FUNERAL	100. STREET AND NUMBER 539 Samford P	1200		101	2121 <b>7</b>			S . A .
🕇	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Ye		. RACE — American Indian,
B	1 Never Married 2 Married  Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR OF			ecity Cuban, Maxica 2 NO Specify	n, Puarto Rican, atc.)		Black, White, etc. Specify: Black
밀	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during most retired.)	ON st of working	16b. KINO OF BU	ISINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		mestic		Priv	ate Fa	amily
Ö	17. FATHER'S NAME (First, Middle, Last)		1 20	Mebole	18. MOTHER'S NA	ME (First, Middle, Maide		ZRI I Y
BE	Jessie Taylor				Matti	e Green		
2	19a. INFORMANT'S NAME (Type/Print)		1			Route Number, City or To		· ·
	Dorothy Smith		20b. PLACE OF DISPO			Baltim	OCATION - City	
	28a METHOD OF DISPOSITION  **Purial 2	oval from State	other place)					Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1141 / 1411	22. NAME AP	ND ADDRESS OF FA	CILITY Nutte	r Fune	eral Homes
	Herbert 8	E nitt	II.	1 2501	Gwynn	s Falls Marylan	Parkwa	a v
	23. PART I. Enter the diseases, or can shock, or heart fellure.							
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Left l	ung atele		nd multi	ple pulmo	nary in	Onset and Death
	_		le pulmon		li.	of the	right	1ung.
ATION	Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):				
빙		d						
MEDICAL	Arteriosclero	dsclerouse-			g cauae given in		RMEO?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  **XX**YES 2 \( \subseteq \) NO
ž								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH  12 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yo	RY 285, TIR	IE OF 28c. INJ	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, atc. (	URY — At home, farm, Specify)			281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
COMPLE	TOTAL OTHY	ICIAN: To the best of my keer. On the bests of axemin						cause(a) and manner on stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	alluin			29c. LICENSE NU			MIGNED (Month, Day, Year) -5-1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) c/o Maryland General Hospital

32. REGISTRAR'S SIGNATURE Fiche Davidson-Randolle

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VISION OF WITH BECORDS. P.O. BOX 13146.	ely filled in by nation, or rem , the medic
DIVISION OF V	TOWNERSON OR ATTENDING PHYSICAL TO NEED AGE. THIS ONLY DE BIEG WITHIN ZZ POURS after Goath with the IMPORTANT. If I liem 28 is marked, or

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFIC	MENT OF HE			GIENE a. no.	91 212
	1. DECEDENT'S NAME (First, Middle, Last)	Edmond S	Blondel	1		2. DATE OF DEA MONTH	3. 1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 24 3945	1-18 M 2 □ F	52 YRS.		IF UNDER 24 HRS. HOURD MIN.	7. DATE OF BIRT (Month, Day, Y 8/18/	1928 I	BIRTNPLACE (State or Foreign Country) Balto. Md.
OH	98. FACILITY NAME (If not institution, give  St. Agnes Hos RESIDENCE OF DECEDENT			Balto.		EATH	9c. COUNT	Y OF OEATN
DIRECTOR	10a. STATE 10b. COUNT			TOWN OR LOCATIO	ens Av	e. Bal	to. Md.	10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	10e. STREET AND NUMBER	31 Wikkens	Ave.		21229			of what country?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 NO	If yes, spec	NOENT OF NISPAI city Cuban, Mexice 2 NO Specif	n, Puerto Rican, e	elfy Yea or No— 14 tc.)	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) High School	JCATION to completed)  Coffege (1-4 or 5+)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most retired.)	N t of working		of Business/Indus	oloyed
BE COM	17. FATHER'S NAME (First, Middle, Last)	Unknov			18. MOTHER'S NA Unkn	ME (First, Middle, I	Maiden Surname)	
10	190. INFORMANT'S NAME (Type/Print)  Lucille G. F	31ondell					or Town, State, Zip C	
	20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		20b. PLACE OF DISPOSITION Other place)  Loudon P	ark Ce	m .		Balto.	
	21. SIGNATURE OF FUNERAL SERVICE L				Frede			1229 Lto. Md.
	23. PART I. Enter the disease, or abock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one couse of ACU:		OCARDI				Interval Between Onset end Deat
CENTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	MB-72M AS A CONSEQUENCE OF		RY S	DISEA	SE	
MEDICAL CE	PART II. Other algorificent condition	one contributing to dea				P	MAS AN AUTOPSY PERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAR	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	neck only one)		1
PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATN	1 Inpatient 2 ER. 28a. DATE OF INJU (Month, Day, Ye	Outpatient 3 100A PRY 28b. TIME	OF 28c, INJL	JRY AT		NOW INJURY OCCU	IRED
BY	1  Accident 8 Pending 2  Accident Investigation 3  Suicide 6 Could not be 4  Nomicide determined	28e. PLACE OF IN.	JURY — At home, farm, st (Specify)		ES 2 NO	281. LOCATION City or Town		r Rural Route Number,
COMPLEIED	(Oraca)	SICIAN: To the best of my						d. cause(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIC	Chapica	M	2.	20c. LICENSE NU	MBER 339	29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W		SS WIL	Print)	AVE,	BALT	o, mo	21229
	AUG 6 1991	32 RECEPTRATIS	SIGN TORRE					

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BALTIMORE, MARYLAND 21215-0020	iours after death. Page 6 may be retained by the hospital or attending physicia	d in by the funeral director, page 5 should be detached for use as the bunal-to	or removal.	medical examiner must be notified at once.
ANTENNO OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL CONTRIBUTION. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reftained by the hospital or attending physicia	IN THE FUNETRA CHIRECTER AND THE THE CASE OF THE ATTENDING PASICIAN AND COMPIDERLY FINE TO THE FUNETRAL DISCOLUTION DAGE 5 Should be detached for use as the bunial-tr	be ned within 72 hears that down with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

LORNE (		ANDREW		ILEY	2. DA	TE OF DEATH	08-02-9	3. TIME OF OE	2
216-16-0624	5. SEX 6. AGE (	(In yrs. last birthday 8 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		TE OF BIRTH onth, Day, Year) -09-19;	22	BIRTHPLACE (State or Country) MARYLAND	greign
BALTIMORE COUNTY		PITAL		OR LOCATION OF I				OF DEATH IMORE COU	1TY
RESIDENCE OF DECEDENT  100. STATE MARYLAND ANNE	ARUNDEL		EN BURNI					10d. INSIDE CI LIMITS? 1 TES 2	
00. STREET AND NUMBER 7932 SILVERLEAF C	OURT, APT. D	)		21061				N OF WHAT COUNTRY	
II. MARITAL STATUS  I X Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D. W.W.II	2 NO	If yes, s	CENDENT OF HISP pecify Cuben, Mexic S 2 X NO Spec	cen, Puei		fee or No — 14	RACE — American in Black, White, etc. Specify: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT (Give kind o life. Do NOT		ON ost of working		MARYLA	AND HOURECTION	SE	
17. FATHER'S NAME (First, Middle, Last)	BATLE			18. MOTHER'S N		st, Middle, Maid	en Surname)	JESSEL	
PIUS  19e. INFORMANT'S NAME (Type/Print)	BAILE		IG ADDRESS (Street	MARIE and Number or Rura		lumber, City or 1	own, State, Zip Co	020022	
MR. WILLIAM C. B	AILEY	2	954 SUND	ERLAND C	т.,	ABINGI	OON, MD	. 21009	
21. SIGNATURE OF FUNERAL SERVICE LK	Zheki	-	SING	LETON FU	INERA	AL HOME		TE. MD 21	)61
IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	SING 1 SE  o not enter the m  Coffice  OF):  OF):	LETON FU COND AVE ode of dying, se	FACILITY INERA L. S. Luch ss (	AL HOME W. GLE Cardiac or res  TRACT	EN BURN apiratory arres are an Autopsy cormed?	Interval Onset a Onset a Onset a AMILABLE PRI COMPLETION E	mata Batw nd D PSZ FINDIA FINDIA TOR TO
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DIRECT	tours at	Item 28
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THE FUNERAL	filed within 72	HTANT: H 1

NO

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART CERTIFI	IMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	91	21224
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	. VEAR	3. TIME OF DEATH
	HILDRETH	М.	BUTLER		August 4,	1991	11:05 P.M
	4. SOCIAL SECURITY NUMBER 376-14-8509	1 □ M 2 💢 📜	AGE (In yrs. last birthday) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		918 M	THPLACE (State or Foreign intry)
~	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR LOCATION OF	OEATH	9c. COUNTY OF	
DIRECTOR	2427 Woodcroft	t Road		Baltimore		Balt	imore
JEC.	10a. STATE 10b. COUNT	ſΥ	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
	MD Balt	timore		Baltimore			LIMITS?
3AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2427 Woodcroft Ro			21234		USA	A
BY FUI	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES ZYNO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxie 1 YES 2 XNO Spec	icen, Puerto Ricen, etc.)	Bia	CE — American Indian, ack, White, etc. White
	15. DECEOENT'S EOU	JCATION	16a. OECEDENT'S U	ISUAL OCCUPATION	16b. KIND OF BUSIN	TO SE INVOLUET INV	MILLOS
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done during most of working retired.)	100. AIND OF BUGIN	/ESS/INVUSTRT	
MP	12 years -		Inspect	tor	Bend	dix	
00	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S I	NAME (First, Middle, Maiden Sui	umeme)	
BE	William Becker	r			ude Hunt		
0	190. INFORMANT'S NAME (Type/Print)  Bette Maenner			ADDRESS (Street and Number or Rura			21157
				rroll View Aven			
	20e. METHOD OF DISPOSITION  1 Burlel 2 Coremation 3 Rem. 4 Donation 5: Other (Specify)	loval from Stata	20b. PLACE AND DATE OF COMMETCE, CROMBITION OF COLORS	DISPOSITION (Name of propage)	1 - 4 -	TION - City or 1	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Green Mount	Cemetery  22. NAME AND ADDRESS OF F		timore,	MD
	I faint Eb	augh		Johnson Fune 8521 Loch Ra	eral Home	Balto.,	MD 21204
	23. PART I, Enter the diseases, or cahock, or heart failure.	complications that car	used the desth. Do no	t anter the mode of dying, au	ich sa cardisc or respirat	tory arrest,	Approximeta
	IMMEDIATE CAUSE (Finel	and only one outcome	A Sacri IIIIa.				Interval Between Onset and Death
	disease or condition ——	· Quid	Myo contie	a Infantion			92.000
		OUE TO WR	AS NCONSEQUENCE OF):	9.19			1
O	Sequentially list conditions,	b. OUE TO (OR	AS A CONSEQUENCE OF):	- 3			
CERTIFICATION	If any, leading to immediats cause. Enter UNDERLYING	575, 17 Aug -	no a consciouence c. j.				
Ĭ.	CAUSE (Disesse or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF):				
ERT	reaulting in desth) LAST	d					
	PART II. Other significant condition	es contributing to des	th but not requiting in	Ab- underfuley pains along I	-0		
CAL			to put not resulting in	the underlying cause given in	n Part I. 24a, WAS AN AU PERFORME		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ED		more/			1 🗆 YES 2 🗶	(NO	OF DEATH?
Σ					—		1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C			
SIC	EXAMPRER?	HOSPITAL:		OTHER:			
H	27, MANNES OF DEATH	28s. DATE OF INJU	JRY 285 TIME (		6 Other (Specify) 28d, DE\$CRIBE HOW INJU	UDV OCCURED	
ВУР	1 Pending 2 Accident Investigation	(Month, Day, Ye	ear) tNJUR		and proposition in the second	JHT OCCURED	
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	JURY — At home, term, stre		28t. LOCATION (Street end	Number or Rural	Route Number.
TE	4 Homicide determined	bundang, west	<i>Specify)</i>		City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only	CIAN: To the best of my k	inowledge, death occurred	at the time, data end place, end du	is to the causa(s) and manne	on stated	
OM	MEDICAL EXAMINER	R: On the beels of exemin	sation and/or investigation,	In my opinion, death occured at the	e time, date end place, and d	due to the ceusel	(e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			D (Month, Day, Year)
O BE	Sterb ) Felmbe	NO DORTHI	medica OEX.	on In on Doin		- Augus	6.1751
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 7) (Type, PI	rint)	00	10701	0 / 1 / /
	Dr. Felsenberg 1	East Chase	Street Ba	altimore, MD 2	21202		
	31. DATE FLED MONTH Day YEAR 1991.	329 REGISTRAN'S S			THE PLAN AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PE		

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
STATES OF VITAL MECONDS, P.O. BOX 68760, BALLIMORE, MARYLAND

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	RTMENT OF H	HEALTH AND	MENTAL HYGIEN	E 91	21225	
	1. OECEDENT'S NAME (First, Middle, Last IDABELLE B)	LANDFORD				2. DATE OF DEATH MONTH JULY 31,		EAR 6145 M	
	4. SOCIAL SECURITY NUMBER 220-18-0382	5. SEX 6. AGE 1 M 2 F	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year) Jan. 17,	0.	BIRTHPLACE (State or Foreign Country) MARYLAND			
TOR	90. FACILITY NAME (If not institution, given BON SECOUR EXTERMINED FOR DECEMENT.)		CILITY		OTT CITY		BC. COUNTY		
DIRECTOR	MARYLAND HO	DWARD	10c. CIT	Y, TOWN OR LOCAT	OLUMBIA		10d. INSIDE CITY LIMITS? 1  YES 2 XX		
FUNERAL		APT. 712			1. ZIP CODE 21044		U.:	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 NO	If yea, sp	ENDENT OF HISPAI ecity Cuban, Mexice 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	n or No- 14.	RACE — American Indian, Black, White, etc. Specify:	
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT us		st of working	16b, KIND OF BU			
COMPLET	17. FATHER'S NAME (First, Middle, Last)  JOHN CUT	SAIL	NURSING	ATTENDA	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	STATE HOSPITAL	
TO BE	19a. INFORMANT'S NAME (Type/Print)	DAUGHTER)	19b. MAILING 5495	ADDRESS (Street a	CEN:  Ord Number or Rural I	Route Number, City or Tow		MD 21044	
	20a METHOD OF DISPOSITION 1X Paurial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	20	D. PLACE AND DATE	OF DISPOSITED IS	ON FOREST	DATE 20c. LO	CATION — City		
	21. SIGNATURE OF FUNERAL BERVICE L	colte		LEROY	ADDRESS OF FA	CILITY ELL WITZKE ROAD COLUMBI	FUNERA	AI. HOME	
	23. PART i. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. Metro	each line.	Bre-	de of dying, auci	h as cardiec or reepi	ratory arrest,	Approximete interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  b. Due TO (OR AS A CONSEQUENCE OF):  c. Due TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algorificant condition	ne contributing to death	but not resulting I	n the underlying	ceuse given in	Part I. 24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che				
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIMI	E OF 28c. INJU		8 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURE	ED	
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, afc. (Spe	Y — At home, farm, a	treet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,	
COMPLETED	29e. CERTIFIER CCRTIFYING PHYS	SICIAN: To the best of my know ER: On the baels of exemination	viedge, death occurre on and/or investigation	d at the time, data n, in my opinion, de	and place, and due	to the cause(a) and man	ner as stated.	use(a) and mennar as steted.	
TO BE C	296. SIGNATURE AND LITLE OF CERTIFIE	P			290 LICENSE MUIA	SED.	***		
F		Errore, ml	ATH (ITEM 27) (Type,	Print) Lattle Par	resand for	(dent	+ m	1 2044	
	ALIG 6 1001	32 REGISTRAR'S SIGN	ATURE				-		

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					2. DATE OF GEATH		WE AD	3. TIME OF DEATH
Norman Churchm	ıan				MONTH 8	4	91	5 pm (A
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	7)	8. BIRTH Country	PLACE (State or Foreign
373-12-9438	1 XM 2   F	81 YRS.			Oct. 20,	1910	Mich	-1-
9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN (	OR LOCATION OF I	DEATH	9c. COUI	NTY OF D	EATH
Union Memorial Hospital Baltimore City								
10a. STATE 10b. COUNT	Y		TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
Maryland			Baltimore	City				1 💢 YES 2 🗌 NO
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITI		HAT COUNTRY?
3617 Bayonne Avenue	12. WAS DECEDENT EVE	TO MULE ADMED		21206		<u> </u>	US	
1 Never Married 2 X Married	FORCES? 1 Y	ES 2 NO	If yes, sp	ecify Cuban, Mexic	ANIC ORIGIN? (Specify can, Puerto Rican, atc.		Black	- American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 YES	2 NO Spec	My:		White	5
15. DECEDENT'S EDU (Specify only highest grade		16a. OECEDENT'S U	SUAL OCCUPATION done during me		16b. KIND OF	BUSINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Illa. Do NOT use	retired.)					
	3	Sr. Vice	-Presiden			rise Ele	ctric	
17. FATHER'S NAME (First, Middle, Leist) Percy William Chun	rehman				IAME (First, Middle, Ma	iden Sumame)		
19a. INFORMANT'S NAME (Type/Print)	CHIIdH	Ten Harring		-	ie Hagenjos	W 0 7	0.11	
Mrs. Virginia L. Chu	nchman		ayonne Av		ltimore, Mar			
20a. METHOD OF DISPOSITION	Torrida	20b. PLACE AND OATE				LOCATION -		wn. State
1 Donatton 5 Other (Specify)	ioval from State	Hilltop Serv		8/6/9	1	Towson I		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSE	0		NO AOORESS OF			<u> </u>	210
* Mickey	1 Duns	6	eonam	.1 Duck	Inc. 5305 H	lanford	Doad 1	2121/
23. PART I. Enter the diseases, or	complications that cau	sed the death. Do no						Approximata
ahock, or heert fallure.	List only one cause o	n eech line.				oop.i.d.ory air		Interval Betwee
IMMEDIATE CAUSE (Final disease or condition	A	te Per	al	Failur	0			Oliset and Dea
resulting in death)		AS A CONSEQUENCE OF		1001141	0			
	s Sec	tic "	Shock					
Sequentially list conditions, If any, leading to immediate	- 1	AS A CONSEQUENCE OF						
CAUSE (Disease or Injury		ock	Liver					
that initiated events resulting in deeth) LAST		as a consequence of	- trong las	0110	Coagul	+ 00		
	d. Disser	inageal	M Val as	Cordin	Cagan	WI OV	1	
	na contributing to des	th but not resulting in	the underlyin	g ceuse given i	n Part I. 24s. WA	S AN AUTOPSY	24b	WERE AUTOPSY FINDING
PART II. Other algnificant condition					1 🗆 YE	S 2 NO		COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition							-	1 TYES 2 NO
PART II. Other algnificant condition						/		
PART II. Other algnificant condition								
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER: 4 - Nursing Hor	ne 5 🗆 Residenc	Check only one)  8  Other (Specify,			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH	MOSPITAL: 1 Ninpetient 2 ER/ 28e. DATE OF INJU (Month, Dey, Ve	IRY 28b. TIME	OTHER: 4 Nursing Hor OF 28c. IN.	ne 5 Residenc	Check only one)		CUREO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO 27. MANNER OF OEATH 1   Natural 5   Pending 2   Accident   Investigation	1 A Inpetient 2 ☐ ER/ 28a, DATE OF INJU (Month, Day, Ye	PRY 28b. TIME er) INJU	OTHER: 4   Nursing Hor OF 28c. IN. WY 1	ne 5  Residenc	Check only one)  8 □ Other (Specify,  26d. DESCRIBE H	OW INJURY OC	711	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	1 A Inpetient 2 ☐ ER/ 28a, DATE OF INJU (Month, Day, Ye	RY 28b, TIME INJU	OTHER: 4   Nursing Hor OF 28c, IN. WY 1	ne 5  Residenc	Check only one)  8  Other (Specify,	OW INJURY OC	711	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending 1 Pending Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUDENT STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET	IRY 28b. TIME INJUNITY — At home, farm, s	OTHER: 4   Nursing Hor OF   28c. fN W M   1	ne 5 Residenc JURY AT DRIK? YES 2 NO	Check only one)  8  Other (Specify)  28d. DESCRIBE H  28f. LOCATION (Si City or Town, S	OW INJURY OC treet and Number State)	r or Rural i	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the form of the funeral director, page 5 should be detached to the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of t	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formation of the second matrix of the formation, or the formal Hydron price to burlat, cremation, or removal.	28
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND I E OF DEATH	MENTAL	HYGIENE REG. NO.	91	21227
	1. DECEDENT'S NAME (First, Middle, List)	M. C	AREY		2. DATE O MONTN	F DEATH DAY 18	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-24-5018	5. SEX 6. AGE (in yrz. last 1 M 2 🔀 F 62	YRS. IF UNDE	N 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF	F BIRTH (Day 15-28		MD
LOP	98. FACILITY NAME (N not institution, give str UNIVERSITY HOSP		ALTIMORE,		9c. COU	NTY OF DEAT	н	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MD	13 65	10c. CITY, TOWN BALT		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 908 HARLEM AV	ENUE		101. ZIP CODE 10g. C			U . S . A	
B	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEDENT EVER IN U.S. AL FORCES? 1 YES 2 XX IF YES, GIVE WAR OR DATES	RMED 13.	WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 ☐ YES 2 NO Specify	ın, Puerto Ric		14. RACE — Black, W Specify:	American Indian, hite, atc.  BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 9 t h	completed) (G life College (1-4 or 5+)	ECEDENT'S USUAL C Give kind of work done b. Do NOT use retired.) DISABLE:	during most of working	16b. I	KIND OF BUSINESS/INI	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) EDWARD BROWN					ARY CHAS	E	
TO B	198. INFORMANT'S NAME (Type/Print) SHILOH BAPT.			& MONROE				1217
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	val from State 20b. PLACE	e and date of dis G <sup>cre</sup> MEMOR	POSITION (Name 1'A'L PK. CE	M DATE	RANDAL		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE A SE		NAME AND ADDRESS OF FA		. 1101 E	. NOR	TH AVE.
	23. PART I. Enter the diseases, or conshock, or haert feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one cause on each lin-	TATIC	CARCII			reat,	Approximate interval Between Onset and Death
ATION	Sequentielly list conditions, if sny, leading to immediate ceuse. Entar UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ					
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1  YES 2 NO	T	(Specify) CRIBE HOW INJURY OF	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	nome, farm, street, fa		261. LOCA City o	TION (Street and Number Town, State)	er or Rural Rou	e Number,
COMPLETED	CONTON ONLY	CIAN: To the best of my knowledge, d						nd manner sa stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Hoopy	Δ	29c. LICENSE NU	MBER	29d. DA	TE SIGNED (M	lonth, Day, Year)
	II TO MAKE AND ADDRESS OF DEDUCAL WILL	COMPLETED CHIEF OF DEATH AT	Est 070 (Time Defect)				-	1

25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)						
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		OTHER: 4   Nursing Home 5   Rasidence 6   Other (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	E OF URY M	28c. INJURY AT WORK? 1 YES 2 NO	284. DEȘCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not be detarmined	ide 8 Could not be 28e. PLACE OF INJURY — At he building, atc. (Specify)		street, fac	ctory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

98. CENTIFIER	4 V CENTIEVINO BUVOICIAN. To the heat of my board day do the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t
(Check only	1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
	2 MEDICAL EVANIMED: On the besis of exemination andies importantion in municipal death account at the time date and dies and dies to the account at the size date and dies and dies to the account at the size date and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and dies and die

 TO SHOW OF SHOWING STREET	investigation, in my of	minori, demitr occured	at the time, deta mit	prace, and due to the cade	

296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month), Day, Year)

REG. NO.

FOR STATE REGISTRAR

executed within BOX 8 requires that the death certificate Ö VITAL RECORDS, The law OF DIVISION

HOSPITAL

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH ELMER FRANKLIN CARTER 7-30-1991 11:45 P 7. DATE OF BIRTH (Month, Day, Year, B. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN 1 M 2 F 212 10 1592 4-22-1910 Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OEATH DIRECTOR 1604 Heathwood Glen Burnie AnneArundel Co RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a, STATE 1 YES 2 NO MD Anne Arundel Co. Glen Burnie permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 1604 Heathwood Road 21061 USA 14. RACE — American Indian, Black, Whita, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-II yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced WW II ves white no 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Ħ Flamentary/Secondary (0-12) College (1-4 or 5 +) page 5 should be detached for Retired Cab Driver COMPL 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) 百 BE Elmer Joshua Carter Florence Phoebus notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Bartlett Daughter 1604 Heathwood Rd, GlenBurnie, MD pe 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State 1 Burlet 2 Cremetton 3 Ramoval Irom State examiner must director. GNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir filled in by the funeral on. or removal. State Anatomy board 8/1/91 655 W. Baltimore St, Balto, MD 21201 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, shock, or heart feliure. Liet only one cause on each line. Approximate Interval Between Conset and Deeth **IMMEDIATE CAUSE (Finel** the cremation. disease or condition resulting in death) Carcinoma of Prostate an and completely f event. DUE TO (OR AS A CONSEQUENCE OF): Lung Metastasis traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to Bony Metastasis CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events Cirrhosis of Liver resulting in death) LAST 6 Injury, ( PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIDR TO Congestive Heart Failure shows any COMPLETION OF CAUSE 1 | YES 2- NO OF DEATH? 1 YES 2 NO t. of has be Dept. c. 23 sh. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem OTHER: L OR ATTENDING PHYSICIAN: The L DIRECTOR: After this certificate bours after death with the State litem 28 is marked, or liten 1 YES 2 X NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. QATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 27. MANNER OF CEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 🔲 Homicide 1 😾 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL (
within 72 h
TANT: If II TO THE HOSPITA
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De filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the basis of examin restigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. STURE AND TITLE OF CONTURES D 14160 29d, DATE SIGNED (Month, Day, Year) 8 8-2-91 2 Baltimore COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. HARJIT SINGH 5410 A Ritchie Hwy, Mac, 21225 MD 31. DATE FILE MONT. Day, 10 32. DEGISTRAR'S SIGNATURE 1991 hia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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CERTIFICATION

MEDICAL

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TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT; If item 2!

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Curtis Alber 03:30 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a, BIRTHPLACE (State or Foreign 219-18-8322 DAYS 1 M 2 F 63 YRS. MAY 5TH 1928 MARYL AND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST AGNES DIRECTOR HOSPITAL BALTIMOLE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? MULBERRY 21229 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Morried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) S. M. Operator 4.5. POSTAL SERVICE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) WALTER CURTIS ANNIE CULTIS 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Alice Curtis 3927 West Mulberry St. Baltimore, MD 21229 20a METHOD OF DISPOSITION
1 A Burial 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Nat'l Cem | 8/5| Baltimore, Mary | 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes 4 Donetion 5 Other (Specify) timore Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Baltimore, Falls Parkway Maryland 21216 erm 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert failure. List only one cause on each line. Approximate intarval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition resulting in deeth) Zucre28 Carcinoms 2 months DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente reauiting in death) LAST PART ii. Other aignificant conditions contributing to death but not recuiting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Ho e 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc-(Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be datarmined 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND THEE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 81 10 MI -2 91 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAD'S SIGNATURE
991 Julia Dandson-Randall 31. DATE FILED (Month, Day, Year)

DIVISION

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RDS, P.O. BOX 68760, BALTIMORE, MARYLAND	TO THE HOSPITAL COMMENSIONS THE JAW TO IT IN JAW TO IT IN JAW TO IT IT HOSPITAL COMMENTED BY THE HOSPITAL COMMENTED THE STATE OF THE HOSPITAL COMMENTED THE STATE OF THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENT TO THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMMENTED THE HOSPITAL COMM	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
UNITED OF VITAL RECORDS, P.O. BOX 68760, I	TO THE HOSPITAL OFFERENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Inju	

	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIE	-	11	21230		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
	VERNET CHANDI	ER		MONTH 8	1	91	12:06pmm				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)			
DIRECTOR	240-78-0169	1 □ M-2 🔀 F	92 YRS.	MONTHS DATE	HOURS MIN.	9/15/1	898		RTH CAR.		
	9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COU	TY OF DEA	АТН		
	6604 EVANSTON	ST.		FORES	STVILLE,	MD.	P.0	G. C	OUNTY		
	10e. STATE 10b. COUNTY		10c, CITY	r, TOWN OR LOCA	TION			T	Od. INSIDE CITY		
ā		GEO	FOI	RESTVII	LLLE			1	LIMITS?		
FUNERAL	10a. STREET AND NUMBER			10	. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?		
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린		12 CPADE	HOME MA	AKER		PRIV	ATE				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	IB UNNUE			18. MOTHER'S NAM	E (First, Middle, Maide	n Surname)	-			
BE (	RUFUS BRATTON				KATHE	RINE BE	ATY				
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street of	and Number or Rural Re	oute Number, City or To	wn, State, Zip	Code)			
-	EDITH BOGGS		2021	BrooksKI	Dr. 9#117	ForestVP	le. M	D. 20	747		
	20e. METHOD OF DISPOSITION  1 1 Burlal 2 Cremation 3 Remo		b. PLACE AND DATEO	F DISPOSITION (NE	ime of	DATE 20c. L	OCATION —	City or Town	, State		
	4 Donellon 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		RESURRECT			1	INTON	, MD.			
	I John J.	Stewart	685		BENNING R	STEWART FUNERAL HOME N.E.					
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. OVARIAN CANCER  DUE TO (OR AS A CONSEQUENCE OF):  WITH METASTASIS  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
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춫	27. MANNER OF DEATH	28e, DATE OF INJURY	28b, TIME	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCC	URED			
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? 'ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, st	reet, fectory, office		28f. LOCATION (Street	end Number	or Rural Rou	te Number,		
	4 Homicide determined		,			City or Town, Steh	)				
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	29b. SIGNATURE AND TITLE OF CERTIFIER										
BE	Am Pa	shal.	mo		29c. LICENSE NUMB	1 - 1 - 1 - 1					
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DI	ATH (ITEM 27) (Type.	Print)	D 40008		1 6	15	171		
	2150	PENNSYL	VANIA	AVE. I	V.W. 4	ASH. P.	<b>C</b> .	20	2037		
	AUG 6 1001	32. REGISTRAR'S SIGN	ATURE								

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ling physician.	hours be getached for use as the burial-transit permit. Pages 1, 2, 3 should		
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may we required by this hospital or attending physician.	-	)	st be notified at once.
ed within 24 hours after death. Page 6 I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	al, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
ires that the death certificate be execute	signed by the attending physician and o	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	ws any injury, or other traumatic
ATTENDING PHYSICIAN: The law requi	CTDR; After this certificate has been s	s after death with the State Dept. of H	28 Is marked, or item 23 show
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRE	be filed within 72 hour.	IMPORTANT: If Item 28 is market

1. DECEDENT'S NAME (First	Alichelle I anni		C	ERIIF	ICATE	OF I	DEAT	н		REG. NO.				4714
DAVIV	t, Middle, Lest)	CR	2 AW	X					2. DATE O MONTH	8 DEATH DA	2	YEAR	3. TIME OF DE	ATH
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578-36-776	5	1 🔀 M 2 🗌 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	4/29	Day, Year)		NC		
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	8111 Manson St						Hyat	tsv	ille		F	PG		
RESIDENCE OF DE	10b. COUNTY			10c CF	TY, TOWN OF								10d. INSIDE CI	~
Md	P												LIMITS?	
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Elementary		None		Coo	k									
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTH	ER'S NA	ME (First, Mi	iddle, Malden	Surname)			
Henry D Cra	ank						Ma	ry	A Bro	oks				
19a. INFORMANT'S NAME (	Type/Print)			19b. MAILIN	G ADDRESS	(Street and	d Number	or Rural F	Route Numbe	er, City or Town	n, State, Zip	Code)		
Vera Ash	ford			Sa	me as	10a	,b,c	.d.	e.&f					
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State													
4 Donation & Other (Specify) Harmony Memorial Park														
			- Har	HOLLY	Memor	lal	Park			La	ndove	r.	Md	
21. SIGNATURE OF FUNERA		ENSEE	Han	nony	Memor 22. N	NAME AND	ADDRES	S OF FA	Joh	n T R	hines	Co	Md ., Inc.	
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CORPORAT

22. BEGISTRAR'S SIGNATURE
Julia Davidson-Randell

AUG 6 1991

DR, CANDOUER

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	1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)  Courtney	Courtney E.			2. DATE OF OEATH DAY 7 29	0 1 1411				
	4. SOCIAL SECURITY NUMBER 215-31-0624	5. SEX 1 M 2 F	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Monthy Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
TOR	90. FACILITY NAME (If not institution, give to University of Ma	myland Hospita		atimore	EATH 9	Baytin				
DIRECTOR	10e. STATE 10b. COUNT	e Arundal	10c. CITY, TOWN C	dena			10d. INSIDE CITY LIMITS? 1 YES 2 W NO			
FUNERAL	2906 Gladnar	Rd,	27V =	101. ZIP CODE 2(127		10g. CITIZEN OF WHAT				
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 YES 2 YNO Speci		Blac	E — American Indien, ck, White, stc. chy: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) (Gi	Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY				
	N/A  17. FATHER'S NAME (First, Middle, Lest)  Unknown	N/A	N/A		N/A AME (First, Middle, Meiden Sur Erly M. (	0 .	gham			
TO BE	190, INFORMANT'S NAME (Type/Print) Dr. John Go				Route Number, City or Town, S		9712071			
	20e METHOD OF DISPOSITION 1	coval from State 20b. PLACE of cemetary, HOly	ANO CATE OF CISP crematory or other p	lacal	1	nne Ai				
	Holy Cross Cemetery 07-31-91 Anne Arundel, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  James F. Hackman Jr.  Holy Cross Cemetery 07-31-91 Anne Arundel, Md.  22. NAME AND ADDRESS OF FACILITY McCully Funeral Home  3204 Mountain Rd., Pasadena, Md. 211									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DHE TO ON AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUT	atra	forluse	ush seps.	15	Onset and Death 3 Augs			
MEDICAL	PART II. Other significant condition	ns contributing to death but not r	esulting in the u	nderlying cause given in	Part I. 24a. WAS AN AU PERFORME 1 DAES 2	:0?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 A	HOSPITAL:	OTHE							
	27. MANNER OF DEATN  1 Asturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO		id. DESCRIBE NOW INJURY OCCURED				
TED BY	2 Accident investigation 28s. PLACE OF INJURY — At home, farm, street, factory office. 28s. PLACE OF INJURY — At home, farm, street, factory office.									
COMPLETED	(orieon only	EEE: On the basis of examination and/or					(a) and manner sa stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	J.BGo rder	m	29c. LICENSE NO	1/35	07	(Month, Day, Year)			
-	30-NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	10, 22	5. Green	u St	Bottom			
	AUG 6 1991	John Burdson-Rando	N.							

FOR 1 . STATE	STATE OF MARYLAND /			ENTAL HYGIEN		1 21233					
1. DECEDENT'S NAME (First, Missense) SHIRLEY	VIRGINIA ALT	CONKLIN		REG. NO.  2. DATE OF DEATH 8 MONTH DA	/2/91 9	3. TIME OF DEATH  1205 A M					
4. SOCIAL SECURITY NUMBER 217-24 -8516	5. SEX  8. AGE (In yrs. less  1	YRS. FUNDER 1 YE	YS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) August 11		Country)  Maryland					
90. FACILITY NAME (If not institution, give 416 Oak Forest I	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		wn or location of dea tonsville	TN	se county Ba	of DEATH Ltimore					
10a. STATE 10b. COUNTY 10b. Maryland Bal	ltimore	Catonsv:				10d. INSIDE CITY LIMITS? 1 VES 2 M NO					
10e. STREET AND NUMBER 416 Oak Forest 11. MARITAL STATUS 1 Never Married 2 Temperary	Drive		101. ZIP CODE 21228		10g. CITIZEN USA	OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	NO If ye	DECENDENT OF NISPANI s, apecify Cuban, Mexican, YES 2 NO Specify:	Puerto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	de completed) (G	CCEDENT'S USUAL OCCU live kind of work done durin . Do NOT use retired.) Homemake:	g most of working	Own Ho							
George	Alt		Olive		Jost)						
190. INFORMANT'S NAME (Type/Print) C. Russell Con			reet end Number or Rural Accest Dr. Ca			21228					
20a, METHOD OF DISPOSITION 1 □ Burial 2 □ Cremetion 3 □ Re 4 □ Donation 5 □ Other (Specify)	20a, METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of competency or other place)  20c. LOCATION — City or Town, State										
21	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  R. Cai; Wzke   22. NAME AND ADDRESS OF FACILITY  Leroy & Russell Witzke Funeral Home  1630 Edmondson Ave, CatonsvilleMD 21228										
	complications that coused the de. List only one cause on each line  a. July putture  DUE TO (OR AS A CONSE	eath. Do not enter the	mode of dying, such	ae cardiec or respi							
Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	Sequentieity liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):										
DART II Other significant condition	d.	reaulting in the under	riying cause given in F	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH	PERFORMED?  1 YES 2 NO 0										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	OTHER:	28. PLACE OF DEATN (Che								
Tollow S Tollows											
2 Accident 3 Suicide 4 Nomicide  2 Accident 3 Suicide 5 Could not be datermined 5 Could not be datermined 5 Could not be datermined 5 Could not be datermined 5 Could not be datermined 5 Could not be datermined 5 Could not be datermined 6 Could not be datermined 7 Could not be datermined 8 Could not be datermined 8 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be datermined 9 Could not be d											
4 Nomicide determined											
4 Nomicide datermined  29e. CERTIFIER (Check only	YSICIAN: To the best of my knowledge, d					suse(e) end manner as stated.					

OHMH-18 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH												-		
	EARL D					7/30/91 YEAR			9.05AM						
			5. SEX	SEX 6. AGE (In yrs. last birthday)					7. DATE OF BIRTH			0. BIRTI	BIRTHPLACE (State or Foreign		
- 1		579 54 3072 12 M 2 D F			YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9/9/42			VIRGINA		
~	9e. FACILITY NAME (If not in	stitution, give s	street and number)			9b, CITY	, TOWN	OR LOCAT	ION OF DE			9c. COU	NTY OF D		_
DIRECTOR	PRINCE GEOR	RGE HOS	SPITAL CE	NTER		CHE	/ERL	Υ				PRI	VCE C	GEORGE	
R	10+. STATE	10b. COUNT	4		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	_
	MD.		GEO			LAND	OVER							LIMITS?	
¥	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	-
FUNERAL	8018 SHERII	FF RD.						207	85			UNI	TED :	STATES	
	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	1 2	It yes, sp	ecify Cubi	en, Mexice	IIC ORIGIN? (S n, Puerto Rice	pecify Yes n, etc.)	or No	14. RACE Black	E — Americen Indien, k, White, etc.	-
BY	3 Widowed 4 XXDivo			WH OR DATES			1 U YES	2 X MNO	Specify	r:			Speci	BLACK	
凹	(Specify only	EDENT'S EDU	CATION completed)	/G	CEOENT'S	work done i	CCUPATIO	ON ost of world	na	16b. KII	D OF BUS	SINESS/INI	DUSTRY	1	-
COMPLETED	Elementary/Secondary (0 12th	1-12)	College (1-4 or 5	+) Ilfe	LECT:	se retired.)			17		OVED	NMEN'	т	V.	
8	17. FATHER'S NAME (First, M.	iddle, Last)			<b>DB</b> 01.			18. MOT	HER'S NAI	ME (First, Midd			1		_
BE C	JAMES DAVIS	S SR.								OTHY J					
2	19e. INFORMANT'S NAME (7)	0.00		19	b. MAILING	AODRESS	(Street e	and Numbe	r or Rural F	Route Number, (	City or Town	n, State, Zij	Code)		-
-	DORTHY DAVI				8018	SHE	RIFF	RD.	, LAI	NDOVER	, MD	. 20	785		
	20e. METHOD OF OISPOSITION 1 State 1 State   2				AND DATE	OF DISPOS	ITION (Na	me of	n w	OATE		CATION —			
	21. SIGNATURE OF FUNERAL	- IIAK	ARMONY MEM. CEMETARY  22. NAME AND ADDRESS OF FAC					8/5 LANDOVER, MD.					_		
	1 m	22 14	685	n 12	20-					STI	EWAR	T FU	UNER	RAL HOME	
	23. PART I. Enter the di	*******	omplications that	,		40	01	BEN	NING	RD.	WAS	H. I	D.C.	20019	
	shock, or he IMMEDIATE CAUSE (Fin disease or condition recuiting in deeth)	cort leliule.	List only one cau	se on eech line										Approximate interval Between Onset and Dea	
			DUE TO	(OR AS A CONSEC	CONSEQUENCE OF):   multi					jongan failure					
RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition reculting in deeth)  a. CIRRHOSIS OF LIVER SEPTICEM IA C  DUE TO (OR AS A CONSEQUENCE OF):  Multiply last conditions, or consequence of the conditions, or consequence of the conditions, or consequence of the conditions, or consequence of the conditions, or consequence of the conditions, or consequence of the conditions, or consequence of the conditions, or consequence of the conditions, or consequence of the conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, or conditions, ore											_			
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	that initiated evente resulting in death) LAST	(OR AS A CONSEC	A CONSEQUENCE OF):				T				-				
CER	roodking in deathly EAS		1												
	PART II. Other significan	nt condition	contributing to	deeth but not n	esulting i	n the un	derlying	cause (	given in f	Part I. 24a	. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDING	
EDICAL			, ,					PERFORMED?			1 1 1 1 1 1	AMILABLE PRIOR TO COMPLETION OF CAUSE			
							YES 2 NO				OF DEATH?				
II														1 YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Che	ck only one)					-
2	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	□ 00A	OTHER 4 Nurs		5 🗆 Re	sidence 8	Other (Sp.	ecify)				
		Pending	28e. DATE OF (Month, Da		285. TIM	E OF URY	28c. INJU		1 40	28d. DESCRIE	BE HOW IN	JURY OCC	URED		
n By	3 Suleide	could not be	28e. PLACE OF	F INJURY — At hor	me, term, a	freet, tecto			-	28f. LOCATIO	N (Street or	nd Number	or Burni B	nute Mumber	_
4		letermined	building, a	ntc. (Specify)						City or To	wn, State)	TO THOMBON	Or Thorac Pe	oole Mumber,	
	29e. CERTIFIER	FYING PAYSIC	CIAN: To the best of i	my knowledge, der	ith occurre	d at the tir	ne, date	end place,	end due t	o the ceuse(e)	end manr	ner es atat	ed.		-
5	2 MEDIC	CAL EXAMINER	: On the basis of ex	amination end/or i	nvestigatio	n, in my op	olnion, de	eth occur	ed at the t	lme, date end	place, end	due to th	e ceuse(s)	end manner es stated.	
	29c. LICENSE NUMBER 29d. DATE SIGNED (Month).										(Month, Day, Year)	-			
o IL	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALLS	F OF DEATH OFFI	1 277 /*-	Palat		וע	178	7.		108	3/0	2/91	
		/	- SMITE ED ONOS	L OF DEATH (ITEN	a 21) (Type,	r-nnt)							,		
	31. OATE FILEO (Month, Day, Y		32. REGISTRAF				_						_		-
	AUG 6	1991	Juna Dav	idson-Rank	400										
			17												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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IMORE, MARYLAND 21203-3146

executed death certificate be the requires that AR. The L DRECTOR: After this certificate bours after death with the State DIVISION HOSPITAL FUNERAL I within 72 h

director, and completely to burial, creman event. traumatic 9 attending physician and Hygiene phor to other 6 n signed by the attend f Health and Mental H Injury, апу shows been t. of I has b. Dept. 23 certificate h item 6 this c marked, 99 28 Item = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

AUG 6 1991

02. REGISTRAR'S SIGNATURE Futha Davidson-Randelle

91 21235 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH DAY YEAR MONTH August 2, 1991 William Daniels 9:10 P.M. 7. DATE OF BIRTH (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS NC YRS. 238-12-4875 12/9/19 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Regency Nursing Home Forestville Prince George's RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington DC 1 XYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
USA 20017 3402 15th St NE 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Mexican, Puerto Rican, atc.)

1 □ YES 2 ☒ NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMEO 14. RACE — American Indian, Black, White, stc. FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES WW 2 1 Never Married 2 1 Married Black BY 3 Widowed 4 Divorced LETED 15. DECEOENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+) COMPI 8th Grade None Construction Worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Henry Daniels BE Mamie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dolly M Daniels (Wife) Same as 10a.b.c.d.e.&f POB. METHOD OF DISPOSITION

1-12 Burlel 2 □ Cremation 3 □ Removal from State
4 □ Donation 6 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, Btata .1 Ft Lincoln Brentwood, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSE John T. Rhines and Company, Inc. 3030 12th Street, N.E., Washington, D.C. Man 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on sech line. Interval Between Oneat and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF): 050 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Entar UNDERLYING 2 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algrifficant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2XXNO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** 1 YES 2 NO OTHER: 4 X Nursi ng Home 6 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident INJ 1 . X25 2 NO М BY investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED a Could not be 4 Homicide 29a. CERTIFIER CENTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the b 286. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B CM 5 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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1991

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320 REGISTRAR'S SIGNATURA Pandalle

	1. DECEDENT'S NAME (First, Middle, La			ICATE OF		REG. I	1	3. TIME OF DEA		
	LILLIAN		VECCHI			7.7	3 9	1 163		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTS		BIRTHPLACE (State or F Country)		
	21352 [84]	1 M 2 F	YRS.		HOOME	9/3/0	5	MC		
	9a. FACILITY NAME (If not institution, g	ive street and number)		9b. CITY, TOWN O	R LOCATION OF D	EATH /	9c. COUNTY	Y OF DEATH		
СТОВ	Mercy Hos	PLTAL		(54	CTES	en				
ב	10e. STATE 10b. COL		inc CITY	Y TOWN OR LOCATI	ION	0		10d. INSIDE CIT		
DIRE	m		1	) (				LIMITS?		
AL C										
RA	"3376 Lawwelland Ale									
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECI	ENDENT OF HISPAN	NIC ORIGIN? (Specify	Yea or No- 14	I. RACE — American Ind		
	1 Never Married 2 Married	FORCES? 1 YES	S 2 NO	If yes, spe	2 NO Specifi	n, Puarto Rican, etc.)		Black, White, etc. Specify:		
ВУ	3 Widowed 4 Divorced	IF 1ES, GIVE WAN ON	DATES	1 763	MO abecu	у.		specify.		
ED	15. DECEDENT'S (Specify only highest of	EOUCATION	16a. DECEDENT'S	USUAL OCCUPATIO	IN	16b. KIND OF	BUSINESS/INDUS	STRY		
Fi.	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mos se retired.)						
AP.	gth		Hous	ewife	2					
COMPL	17. FATHER'S NAME (First, Middle, Lest	) /			III. MOTHER'S NA	ME (First, Middle, Mai	den Surname)			
ш	FRUM	Lamesse	+		100	عدالم	-			
OB	19a. INFORMANT'S NAME (Type/Pont)	2 10 0	19b. MAILING	ADDRESS (Street as	nd Number or Rural	Route Number, City or	Town, State, Zip Co			
5	IMU A Dewechis 3326 Lawwied Ave BALPO. 21									
	200 METHOD OF DISPOSITION  20b. PLACE AND OATE OF DISPOSITION (Name of cemetacy, crematory or other place)  20c. LOCATION — City or Town, State									
	4 Donation 5 Other (Specify)	- C	ARI) ens	of FAIT	4	127/91	BALT.	mD.		
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE		22. NAME AN	D ADDRESS OF FA	CLIM PALL	Home	of Ains		
3	of and and state of the state of the									
		THE PROPERTY OF THE PARTY OF TH		7//	CIVI.	CC 121	Post I	24111 21		
	23 DADT I Enter the discuss	or complications that show	ad the death Do -	7110	Solle	15 H.		31170. 21		
	23. PART I. Enter the disesses, shock, or heart falls	or complications that caus ure. List only one cause on	sed the death. Do r	not siter the mo-	de of dylng, suc	ch ss cardiac or re		Approxim		
	shock, or heart falls IMMEDIATE CAUSE (Fine)	or complications that caus ure. List only one cause on	ed the death. Do reach line.	not sinter the mod	de of dying, suc	ch as cardiac or re		Approxim		
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart fells IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?    YES 2 NO   Nanner of Death   Natural   Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CO	The underlying 26. Pt.  OTHER: 4   Nursing Homes of Sec. its word at the time, date	g cause given in	Part I. 24a. WAI PER 1 YE 1 YE 1 YE 25d. DEECRINE HI 26f. LOCATION (St. City or Town, S a to the cause(a) and a time, data and place	S AN AUTOPSY IFORMED? S 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF DEATH?  1 YES 2 THE PRIOR OF DEATH?		
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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 22—Mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or Other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				YGIENE EG. NO.		
DECEDENT'S NAME (First, Middle, Last)     GLADYS	FELTON				2. DATE OF E	DEATH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF B			HPLACE (State or Foreign
217 20 0220	1 □ M 2 😡 F 8	8 YRS. MON	ITHS DAYS	IOURS MIN.	(Month, Der	3-190	Coun	
9a. FACILITY NAME (If not institution, give st	reet and number)	9b.	CITY, TOWN OR	LOCATION OF DE	ATH	96	c. COUNTY OF	DEATH
MARYLAND GENE	RAL HOSPTIAL		BALTIM	ORE CIT	Y		na	a
10a. STATE 10b. COUNTY		10c. CITY, 10	OWN OR LOCATIO	N.			-	10d. INSIDE CITY
MD	na	BA	LTIMORE	MARYL	AND			1X YES 2 NO
10e. STREET AND NUMBER				IP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
301 Mc Mechen S	t			2121	7			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO	If yes, spec	IDENT OF HISPAN Ify Cuban, Maxica NO Specify	n, Puerto Ricer	pecify Yes or i	No- 14. RAC Blac Spec	E — American Indian, ck, White, atc. Cify: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USU (Give kind of work life. Do NOT use ref	done during most	of working	18b. KIN	D OF BUSINE	ESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	le, Maiden Sun	name)	
19a. INFORMANT'S NAME (Type/Print)	37 - 2	19b. MAILING ACC				•		ma ww44404
Elois Walker	Neice	40-10		Street	Apt			ind, NY11101
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rame 4. Donation 5 Other (Specify)	oval from State	b. PLACE OF DISPOSITIO other place)	ON (Name of ceme	tery, crematory or		20c. LOCAT	TON — City or 1	fown, Stata
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Ronald W	ade, Dir	22. NAME AND	ADDRESS OF FA	CILITY ST	ate A	natomy	Board
Someth C	Valle	8/5/91	655 W.	Baltimo			_	21201
IMMEDIATE CAUSE (Final	complications that cause Liet only one cause on a		anter tha mod	of dying, suc	h as cardisc	or respiret	ory srrest,	Approximate interval Between Onset end Death
resulting in death)	a	epsis	S	EPSIS				
	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other algorificent condition	e contributing to death					PERFORME	D?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				· · ·	- 1	,		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (C)	neck anly one)			
EXAMINER?	HOSPITAL:		THER:	5 Residence	8 Other (S	pecify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJU	RY AT			JRY OCCURED	
1 Natural 5 Pending	(Month, Day, Year)	เหมบทา		K7 S 2 NO				
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, street ecfly)	et, factory, offica			ON (Street and bwn, State)	Number or Rura	l Route Number,
and and	CIAN: To the best of my kno							(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	miel C	lon 1	ny	29c, LICENSE NU	MBEA	2	9d. DATE SIGNE	D (Month, Pay, Year)
30. NAME AND ADDRESS OF PERSON WH				CENERAL	HOOF	T		
31. DATE FILED (Month, Day, Yoar) AUG 6 1991	32. REGISTRAD'S SIG	NATURE		HMHRA	HOSP.	TAL		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hunautranent narmit pages 1.9.3 about
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	IEALTH AND	MENTAL HYGI		1 21238		
	1. DECEDENT'S NAME (First, Middle, Las JOSEPHINE	ROSE GOETZ				2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  215-01-3667  9a. FACILITY NAME (If not institution, give	1 □ M 2 🖎 F 79	YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 10-3-11	r) [	s. BIRTHPLACE (State or Foreign Country) Jashington D.C.		
STOR		2434 Chetwood Cir. Timonium						imore		
DIRE	Maryland Balt	timore Timinium				10d. INSIDE CITY LIMITS? 1  YES 2 2 1				
FUNERAL DIRECTOR	100. STREET AND NUMBER 2434 Chetwood	Cir.			ZIP CODE	10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	≥ ENO	If yes, sp	ENDENT OF HISPAI ocity Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify in, Puerlo Rican, etc.)	)	4. RACE — American Indian, Black, White, stc.		
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 10 yrs	DUCATION (de completed)  College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mo etired.)	DN st of working	16b. KIND OF	BUSINESS/INDU			
COM	17. FATHER'S NAME (First, Middle, Last)		TOMEMA		16. MOTHER'S NA	ME (First, Middle, Mail				
TO BE	Frank Provenz  19a, INFORMANT'S NAME (Type/Print)	ano	19b. MAILING AI	ODRESS (Street a	Rosario	Route Number, City or	Town, State, Zip C	nziano		
٦	Edward Goetz	205.01	2434 C			nonium, M				
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Re 4 Donation S Other (Specify)	Gar	y grematory or other	Faith		8-7 Ov	erlea,	ty or Town, State Md .		
	21. SIGNATURE OF FUNERAL SERVICE I	LA		Ruck		Funeral				
anock, or haart taliura. List only Dna cause on each lina.								at, Approximata interval Batween Onset and Death		
MEDICAL CE	PART II. Other algniticant condition	ona contributing to death but r	not reaulting in t	tha underlying	cause givan in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M	25. WAS CASE REFERRED JU MEDICAL			00.00	25.05.05.05.00			1 TYES 2 NO		
PHYSICIAN:	EXAMINER?	HOSPITAL: 1   topetiant 2   ER/Outpatier		THER:	5 Naaldenca	6 Other (Specify)				
ВУ РН	27. MANNER OF SATH  Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOI	JRY AT	28d, DESCRIBE HO	W INJURY OCCU	RED		
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — A building, atc. (Specify)	At homa, farm, atre	et, tectory, office		28f. LOCATION (Stree City or Town, St.	eet and Number or ate)	Rural Route Number,		
COMPLETED	CERTIFYING PHY	SICIAN, To the best of my knowledge	e, death occurred a	nt the time, date	end place, and due	to the cause(a) and o	menner as etated			
띪	296. GNATURE AND TITLE OF CERTIFIE		e Co	a wan	29c. LICENSE NUM			SIGNED (Morph, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON W Marcelino Alb	WHO COMPLETED CAUSE OF DEATH UE'RD M.D. 516		nt)		4 4		(2)17)		
	31. DATE FILED (Month, Day, Year)	1901 32. REGISTRAR'S SIGNATUR	RE	-			<u> </u>			

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BALTIMORE, MARYLAND 21215-0020

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or A LINDING FINE OF THE DATE OF THE CONTROL OF THE CONTROL OF CARCUIDA WITHIN 24 HOUS GIVE UPAGE, FAGE O MAY DE FRIEND	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoul	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPA CERTI	RTMENT (	F HEALTH A	ND ME		G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Bertha	s. Gal	lagher				DATE OF OR MONTH AUGUST	t 3, 199	)1	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 217-01-8405	1 □ M 2 💢 F	S. AGE (In yrs. lest birthda)	MONTHS D	MDC 7					
TOR	9a. FACILITY NAME (M'not Institution, give street and number)  116 Charmuth Road  Timonium								NTY OF D	
DIRECTOR	10e. STATE 10b. COUNT	timore		TOWN OR LOCATION Timonium						
FUNERAL	100. STREET AND NUMBER 116 Charmuth	Road			101. ZIP CODE 21093			10g. CIT	U.S	1 ☐ YES 2 🔀 NO WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FUNCES? 1 TES 2 X NO			DECENDENT OF a, specify Cuban, YES 2 X NO	Mexicen, Pr	ORIGIN? (Spe uarto Rican,	ecify Yea or No— etc.)	Blaci	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12	CATION completed) College (1-4 or 5+)	16e. DECEOENT (Give kind o We. Do NOT Owner	S USUAL OCCU f work done durin use retired.)						tering Co.
BE CO		ullivan			Ka	theri	ne	Malden Sumame) Smi		
2	19a. INFORMANT'S NAME (Type/Print) Marcelle S. Ellio	tt						y or Town, State, Zij arkton,		21120
	20e. METHOD OF OISPOSITION  1 Burlet 2 Cremation 3 Rem  2 Donation 5 Other (Specify)		20b. PLACE AND DATE of melecu cremetory or LOTT ATTNE	Park C	emetery		-91	Woodlaw		
	21. SIGNATURE OF FUNEBAL SERVICE LIG	14		Ruc		n Fun	eral	Home, I		
7	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Due TO (or As A Consequence of)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE		u d	field	·			
MEDICAL	PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in						'	MAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	8. PLACE OF DEAT			4.1		
ву рну	27. MANYER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day.	JURY 285, iFI	ME OF 280 JURY	INJURY AT WORK?	280		HOW INJURY OC	CURED	
TED	3 Suicide 6 Could not be determined	28e. PLACE OF I building, at	NJURY — At home, farm, (Specify)	streat, factory,	office	281	. LOCATION City or Town	(Street and Number n, State)	r or Rural R	loute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	R: On the beele of exar								) and manner ea stated,
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	Lane	uluea	MO	D2	4/2	21	29d. DAT	8/5	(Month, Day, Year)
	Bruce Rosenberg	M. D. 113	4 York Roa		erville	, Ma	rylan	d 21093		
		32. REGISTRAR	SIGNATURE	se.						
		0	May -un							DHMH-16 Rev t

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ages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEP/ CERTI	ARTMEN FICAT					HYGIENI REG. NO.	E	91	2124
1. DECEDENT'S NAME (First, Middle, Last ROSA L. HO	pKins						2. DATE OF MONTH	DA		91	TIME OF DEATH 431P
4. SOCIAL SECURITY NUMBER 243 – 50 – 7082	1 🗆 M 2	AGE (In yrs. last birthda 57 yns	MONTHS	DAYS		MIN.		BIRTH 29 - 3		Nountpu	
98. FACILITY NAME (If not institution, give street and number)  MERCY HOSPITAL  BESIDENCE OF DECEMENT  96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE, CITY											гн
10a. STATE 10b. COUN	тү		CITY, TOWN								od. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 3019 MARDEL A	AVE				21P CODE 1230	)					AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S./ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican IF YES, GIVE WAR OR OATES  13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Maxican 1 YES 2 X NO Specify:							or No-	Black, V	American Indian, white, atc.
15. DECEDENT'S EC (Specify only highest gra Etempentary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDEN (Give kind ille, Do NO	T'S USUAL C of work done T use retired.)	during mos	N It of working			LTO.			SCHOOLS
17. FATHER'S NAME (First, Middle, Last) MARCUS WILSON	, SR.						PER	idle, Malden KINS	Surname)		
198. INFORMANT'S NAME (Type/Print) BARBARA HOPKI	198. INFORMANT'S NAME (Type/Print) BARBARA HOPKINS 19b. MAILING ADDRESS (Street and Number or Rural 2403 MOLTON WAY/										
20a. METHOD OF OISPOSITION  1   Donation   Donation   Ref								US, M			
21. SIGNATURE OF FUNERAL SERVICE	SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF I WM.C.MARCH							/110	1 E	. NOR	TH AVE.
Sequentially list conditione, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OF		E OF):		~ q						
PART II. Other significant condition	one contributing to de	eth but not resulti	ng in the u	inderlying	g ceuse gl	ven in I		24a. WAS AN PERFOF 1 YES 2	RMED?	A O	ERE AUTOPSY FINDING VALLABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	R:	ACE OF OE		- 13				
1  YES 2  WO  27. MANNER OF DEATH  1  Natural 5  Pending	28a. DATE OF IN.	JURY 28b.	TIME OF INJURY	28c. INJ WO	URY AT RK?			(Specify)	NJURY OC	CCURED	
2 Accident Investigatio 3 Suicide 8 Could not be determined	28s. PLACE OF II	NJURY — At home, far . (Specify)	m, street, fe					TION (Street of Town, State)		er or Rural Rou	rte Number,
one)	YSICIAN: To the best of my										ind manner as stated,
296. SIGNATUBE-AND TITLE OF CERTIF	w	MAO	PRIL		29c. LICEN	NSE NUM	IBER		29d. DA	TE SIGNED (A	fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON OF A CT   31. DATE FILEO (Month, Day, Year)		, M.D		5	6-16	ene	5+	39 h	10,14	d. 21	201
AUG 6	99 Julia D	avidson-More	Apple 1								DHMH-18 Rev

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to Person Villa X is

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	1. DECEDENT'S NAME (First, Middle, Last)  EVELYN  C	ECELIA	HAMM			MONTH	DAY	MEAD	5.20 PM
	4. SOCIAL SECURITY NUMBER 5			UNDER 1 YEAR	IF UNDER 24 HRS. 7.	Month, Day,	Year)	Country)	MCRE, MD
	9a. FACILITY NAME (If not institution, give stree	t end number)	96	CITY, TOWN O	R LOCATION OF DEAT			OUNTY OF DEA	
	Stella Maris Hos	pice		TOT	vson			Bal-	timore
I	RESIDENCE OF DECEDENT	1							CINDIC
	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON			1	Od. INSIDE CITY
1	MARYLAND BALTIN	IORE	DUNDA	LK				1	YES 2 NO
	10a. STREET AND NUMBER			101.	ZIP CODE		10g. 0	CITIZEN OF WH	AT COUNTRY?
	2405 FAIRWAY				21222		UN	ITED S	TATES
		P. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	ER IN U.S. ARMED YES 2/ TWO OR DATES	If yes, spe	ENDENT OF HISPANIC city Cuben, Mexican, I 2 XNO Specify:			- 14. RACE - Bleck, Specify.	- American Indian, White, atc. WHITE
ľ	15. DECEDENT'S EDUCAT		18e. DECEDENT'S USL			18b. KIND	OF BUSINESS/	INDUSTRY	
1	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mot tired.)	at of working				
1	Ziminoritary/Sectionary (0-12)	college (I-4 of 5 +)	Homema	bon		HOM	F		
I	17. FATHER'S NAME (First, Middle, Last)		Homano		18. MOTHER'S NAME		· -	e)	
	CHARLES KNAPP				ANNA GEA				
	190. INFORMANT'S NAME (Type/Print)	-	195 MAII ING AD	DRESS (Street a	nd Number or Rural Rou		N or Town State	Zio Codel	
	PATRICIA E. PARTON	1			ROAD BALT				
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF				20c. LOCATION		n Otata
	1 Buriel 2/C/Cremetion 3 Remove	I from State	of gemetary, crematory or c Hultop Ser	other place)	(ivama	C F	Tours ou	- City or Tow	n, suma
- 1	4 Donation 5 Other (Specify)	eer ]	HULLIOP Ser	Las name an	DADDESS OF FACIL	8-5	TOWSON	, mary.	cana
	21. SIGNATURE OF FOREIAL SERVICE LICEN	SEE.		Duda-1	D ADDRESS OF FACIL RUCK FUNE	ral Ho	me of	Dundal	k. Inc.
ı	Deari T.	Car Da	.0 ~ .		vise Avenu				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST		AS A CONSEQUENCE OF):						
	PART II. Other significent conditions	contributing to des	ith but not resulting in t	he underlying	j ceuse given in Pa		WAS AN AUTOP PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check	only one)			
- 11		OSPITAL:	/Outpatient 3 DOA 4	THER:	o 5 ☐ Residence 8	Other (Spe	elly) Hos	pice	
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJI (Month, Day, Y	URY 28b, TIME O	F 28c. INJ	URY AT 2		E HOW INJURY		
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, ferm, stree (Specify)	et, factory, offic	2	City or Tow	N (Street and Nur vn, State)	mber or Rural Ro	oute Number,
	2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFER (Check only 1 CERTIFYING PHYSICIAL CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE C	AN: To the best of my	JURY — At home, farm, stree (Specify) knowledge, death occurred a nation end/or investigation, i	it the lime, date	and place, end due to	City or Tow the couse(a) ne, date end	and manner ee	stated. to the couse(e)	end manner ee stated.  Month, Dey, Year)
	2 Accident 3 Suicide Could not be determined 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER:	AN: To the best of my On the basis of exami	(Specify)  knowledge, death occurred a nation end/or investigation, i	ort the Hme, date in my opinion, d	and place, and due to eath occured at the tin 29c. LICENSE NUMB D 27087	City or Tow The couse(a) me, date end	and manner ee place, end due t	stated. to the couse(e)  DATE SIGNED (	end manner se stated.  Month, Dey, Year)

O. BOX 68760,

DIVISION OF VITAL RECORDS,

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

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COMPLETED

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4 Homicide

G-678 8/13/91 cm FOR STATE REGISTRAR 21242 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 51: 150mm PATRICIA ANN HOOVER 1991 8 02 6. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
12-29-1937, 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 - M X 216-34-4423 **54** 53 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY. TOWN OR LOCATION MARYLAND BALTIMORE CITY 10e. STREET AND NUMBER 10f. ZIP CODE 1227 S. CAREY STREET 21230 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED-FORCES? 1 YES 2 WIND 11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 100 If yes, specify Cuben, Mexican, Puerto Rid 1 YES 2 XIO Specify:

ALABAMA 10d. INSIDE CITY LIMITS? 1 XXTES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE - American indian, Black, White, atc. 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) N/A Sementary/Secondary (0-12) 12TH GRADE HOME MAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) OSCAR HUCKEBA REBA CLEMMONS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RICHARD HOOVER 709 S. CHARLES STREET BALTIMORE, MARYLAND 21230 20e, METHOD OF DISPOSITION
1 Madrial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State GLEN HAVEN MEMORIAL BALTIMORE, MARYLAND 8-6-1991 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY.
DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD Oan 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. nterval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) brain Knoxio DUE TO (OR AS A CONSEQUENCE OF): Lucok Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

HOSPITAL: OTHER: 1 TES 2 LAG patient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 4 🗆 Na 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending M 1 YE

PLACE OF INJURY — At home, farm, street, factory, office
building, etc. (Specify) 1 YES 2 NO 2 Accident Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of e restigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

8/2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

UNIV OF MD HOSPITAL, 225. CLOSNEST., BRET. MD 204 32. REGISTRAR'S SIGNATURE

1991

6 Could not be determined

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E Aff	r de	8
B	afte	28
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	OURS	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ALL	27	=======================================
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LOYIS O.

31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

					F DEA		2. DAT	REG. NO			3. TIME OF DEATH
Hi	lton	Τ.		Hick	S		ATIC	ust 2	199	YEAR	N
	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YE	R IF UND	ER 24 HRS.	7. OATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
229-03-0452	1 □XM 2 □ F	76	YRS.	MONTHS DAY	'S HOURS	MIN.	4-	75-791	5	VI	RGINIA
9a. FACILITY NAME (If not institution, give stre				9b. CITY, TOV	VN OR LOCA	TION OF D	EATH		9c. COUN	TY OF DE	ATN
8150 Bullneck R	load			Dun	dalk				Ba	ltin	nore
10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
MARYLAND BA	LTIMORE				EDGE	MERE					1 TES 2 XXNO
10e. STREET AND NUMBER					101, ZIP CO	DE			10g. CITIZ	EN OF W	HAT COUNTRY?
2521 LODGE FORES						2121	9			u.s.	
11. MARITAL STATUS  1 Nover Married 2 Married	FORCES? 1	T EVER IN U.S. ARN	MED O	If yes	, specify Cul	oan, Mexic	an, Puerto	IN? (Specify Yes Rican, etc.)	s or No—	14. RACE Black,	American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		10	YES 2 XX	O Speci	ry:			Specify	WHITE
15, DECEDENT'S EDUCA (Specify only highest grade of	ATION .	16a. DEC	EDENT'S	USUAL OCCUP	ATION	ld	16	b. KIND OF BU	SINESS/INDL	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	- Hin	Do NOT use	retired.)		ung					
4TH GRADE	N/A		MILL	LWRIGH						EEL	CORPORATIO
17. FATNER'S NAME (First, Middle, Last)	01/0				18. MC			Middle, Malden	Surname)		
WALTER EDWARD HI	CKS	1 460		**************************************				DAVIS	0		
PAULINE M. MENEA	D			BULLNE				TIMORE.			21222
20a. METNOD OF DISPOSITION		-		OF OISPOSIT		10	DALI		CATION — C		
Vivial 2 Cremation 3 Removed		MORIA		6-199		10			RYLAND		
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	DCL IV.	ZIC JAC	22. NAM	E AND ADDE	ESS OF F	ACILITY			- 11	
C 21	a.	•									Dundalk
23. PART I. Entar tha diseases, or co	mniications the	t coursed the dea	eth Do n								21222
ahock, or haart failure. L				Ot airtai tiia							
IMMEDIATE CAUSE (Final					mode of c				inatory arre	rat,	
disease or condition		mary	tru	10,	A				matory and	σ <b>»</b> ι,	intarvai Batweer
	. PNE TO	(OR AS A CONSEO	UENCE OF	Lea	uf		ili		matory and	, , , , , , , , , , , , , , , , , , ,	intarvai Batweer
disease or condition resulting in death)	PNE TO	(OR AS A CONSEO	DUENCE OF	Leco Share	ilu				in active and	,	intarvai Batweer
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CDIVISION OF VITAL RECORDS, P.O. BOX 13146, ITAL STENDING PHYSICIAN: The law requires that the death certificate be executed within

HYSICIAN: The law requires that the death certificate be executed within 2. July after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State hear of Health and Mental Hvniere prior to burial, cremation or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL BE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has studied within 72 hours after death with the State Deat of Health and Mental Hinteles Differ to burial cremation or removal.	

	1 - FOR STATE REGISTRAR		STATE OF M	ARYLAN		ICATE C				IYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First,	Middle, Lest)							2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
		-8.		M	AUDE E.	HILLS	INGER		Augus		19		12:25 P M
	4. SOCIAL SECURITY NUME		8. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)			
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딥	10e. STATE	10b. COUNTY			10c, CI1	Y. TOWN OR LO	CATION						10d. INSIDE CITY
DIRECTOR	MARYLAND	79	ALTIMORE		1	ERRY H	ΔΤτ					į	LIMITS?
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WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

12. REGISTRAR'S SIGNATURE
Julia Davidson Range

31. DATE FILED (Month, Day, Year) AUG 6 1991

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FOR 1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND	MENTAL HYGIEN		21243	
1. DECEDENT'S NAME (First, Midd	lie, Last)			2. DATE OF DEATH		3. TIME OF DEATH	
KATHERINE	ELIZABETH	IMWOLD		08 01	199		
4. SOCIAL SECURITY NUMBER	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	E (In yrs. lest birthday) IF U	HOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. Bir	TTHPLACE (State or Foreign	
·216-07-0414	1 D M 2 X 8	4 YRS.	NS DAYS HOURS MIN.				
9a. FACILITY NAME (If not institute	on, give street and number)	9b. (	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEATH		
RESIDENCE OF DECED	tosoital	BA	LTIMORE CITY		CITY		
10a, STATE 10b.	COUNTY	10c, CITY, TOY	VN OR LOCATION			10d. INSIDE CITY	
MD A	NNE ARUNDEL .					LIMITS?	
	NNE ARUNDEL .	LINTH	101. ZIP CODE		10g, CITIZEN O	F WHAT COUNTRY?	
6101 MEDORA	ROAD		2	1090	U.S.A		
10. STREET AND NUMBER 6101 MEDORA 11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DECENDENT OF HISPA			ACE — American Indien, lack, White, etc.	
1 Never Married 2 Married 3 Middlewed 4 Divorced	FORCES? 1 YES, GIVE WAR OR		If yes, specify Cuben, Maxic 1 TYES 2 X NO Spec			eck, White, etc.  WHITE	
	IT'S EDUCATION lest grade completed)	16a. DECEOENT'S USUA	L OCCUPATION one during most of working	16b. KINO OF BU	SINESS/INDUSTR	Ý	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	ed.)				
12	2	SECRETARY		TELEPH	ONE ANS	WERING SERVI	
17. FATHER'S NAME (First, Middle,	Last)		16. MOTHER'S N	AME (First, Middle, Maiden			
LOUIS	L.	IMWOLD	MARGA	RET	MAY	STOCKETT	
19a, INFORMANT'S NAME (Type/P)	rint)	19b. MAILING ADD	RESS (Street end Number or Rura	Route Number, City or Tow	n, State, Zip Code,		
HENRY J.IMWOL	D	SAME AS	10				
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3		20b. PLACE ANO DATE OF of cemetary, crematory or of		DATE 20c. LC	CATION — City o	r Town, State	
4 Donation 5 Other (Spec	cify) (	CEDAR HILL C	EMETERY	18-5 BRO	OKLYN PA	ARK, MD	
21, SIGNATURE OF FUNERAL SEI	TVICE LICENSEE		22. NAME AND ADDRESS OF F				
1 Hotel	- allele:		SINGLETON FUN 1 SECOND AVE.		או מונט או	2 MD 01061	
disease or condition resulting in death)		s a consequence of:	on arre	ot			
Sequentially list conditions if any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR A	VS CV	A Pardiovescul		bere	,	
PART II. Other algorificant of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of	onditions contributing to deat			Part I. 24e. WAS AF	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO ME	DICAL		28. PLACE OF DEATH (C	theck only one)			
EXAMINER?	HOSPITAL:		HER: Nursing Home 5 - Residence	6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	0	
		r) INJURY	WORK?  M 1 YES 2 NO				
D COLUMN	id not be 28s. PLACE OF INJU building, etc. (5	JRY — At home, farm, street (pecify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
E (Orison orin)	NG PHYSICIAN: To the best of my kr					se(a) and manner as stated,	
296. SIGNATURE AND VITLE OF	CERTIFIER		29c. LICENSE N	UMBER	29d, DATE SIG	NED (Month, Day, Year)	
30. NAME AND ADDRESS OF PER	RSON WHO COMPLETED CAUSE OF	and K	"Ellicot	4 Cets	Mp	21032	
31. DATE FILED (MODIN, Day, Year)	1991 June Davy	Son-Rando					



SITIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.

DE VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN REG. NO	-	1 21240
	1. DECEDENT'S NAME (First, Middle, Last)	E 2:	acKson		2. DATE OF DEATH D.		3. TIME OF DEATH
	225-86-4809	□ M 2 00/F	35 YRS. Is t birthday) IF UNDER MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	56	BIRTHPLACE (State or Foreign Country) Virginia
TOR	99. FACILITY NAME (If not institution, give street  Washing DM  RESIDENCE OF DECEDENT	and number)	- Hosp Ta	Koma Pa	rk	MO	ntgomery
DIRECTOR	10s. STATE 10b. COUNTY	Geo	10c. CITY, TOWN O	HELOCATION CHESVILL	e		100 INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	3214 To le	to Pla	ace	101. ZIP CODE	782		ed States
BY	11. MARITAL STATUS 1  Never Married 2  Merried 3  Widowed 4  Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican I YES 2 X NO Specify	n, Puerto Rican, etc.)	or No- 14	Black, White, etc.
COMPLETED		npleted) College (1-4 or 5+)	16s. DECEDENT'S USUAL Of (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BU		TRY
MP		Years	Psychiatric		Priv		
	17. FATHER'S NAME (First, Middle, Lest) Stephen Dud	lev			ME (First, Middle, Maiden  Dudley	Surname)	
BE	19s. INFORMANT'S NAME (Type/Print)	rey	19b. MAILING ADDRESS	S (Street and Number or Rural F		n. Stata. Zio Co	ode)
2	Frank M. Jackson	n		ledo Pl.,			
	20s. METHOD OF DISPOSITION	201	PLACE AND DATE OF DISP	OSITION (NOTO) T. CEN	PATE 20c. LO	CATION - K	ING GEORGE, VA
	1 X Burial 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	R	esurrectio	n Cemetery	8/3 C1	inton	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE A	+ 3°S	TEWATT FUN	eral Hom	e	
	John I.	alleular	M. TIT 4	001 Bennin	g Road,	N.E.	Wash. D.C.
2		ACUTE  DUE TO (OR AS A  SEPTIC	A CONSEQUENCE OF):  S NO C/C	L EDEM	DA		Interval Between Onset and Death
CATIO	Sequentially list conditione,	DUE TO (OR AS A	M CONSEQUENCE OF):  M CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CELL CI	21515			
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IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?  1 YES 2 NO 1	OSPITAL:	patient 3 DOA 4 Nur	R: sing Home 5 - Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26d. DESCRIBE HOW	INJURY OCCUI	RED		
BY	2 Accident Investigation	00- DI 405 OF IN ISIM	M	1 TYES 2 NO			
TED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spe	f — Al home, farm, street, fac clfy)	tory, office	281. LOCATION (Street City or Town, State		Hunki Houte Number,
COMPLETED			riedge, death occurred at the i				csuse(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	11 Steri	Tailla	29c. LICENSE NUI	0-	29d. DATE S	SIGNED (Month, Day, Year)
TO B	HEKNAN PAdi	LCA M	0 -	D-323	71	<b>&gt;</b> /	H49 1991
-	30. NAME AND ADDRESS OF PERSON WHO CO	4 10810	CONNECT	YOUT AVE	KENS	-/ Nga	row md.
	31. ATE GEO Gronth. 07997	132. REGISTRAR'S SIGN	ande 62			7	,

Julia Davidson Mindell

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3. TIME OF OEATN

8. BIRTNPLACE (State or Foreign

10:00 p.m M

Approximate

interval Between

Oneat and Death

hours

21205

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JICHA

5. SEX

1 M 2 F

Jr.

YRS

6. AGE (In yrs. last birthday)

59

HUBERT

166-26-8024

4. SOCIAL SECURITY NUMBER

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filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should on, or removal. 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Delaware Frankford Sussex 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 19945 10g. CITIZEN OF WHAT COUNTRY? R.D. 2 Box 69 USA 24 nours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yee, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Married BY 3 Widowed 4 Divorced Specify: white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Minister Ministry 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Hubert F. Jicha Sr. notified at Evalyn Bennett 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)
R.D. 2 Box 69, Frankford, Delaware 19945 Eleanore L. Jicha pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION -- City or Town, State 1 K Burial 2 □ Cremetion 3 □ Removat from State St. John's Cemetery 4 Oonation 5 Other (Specify) 8/4/91 Georgetown, Delaware examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Watson Funeral Home, Inc. 4 ales Millsboro, Delaware medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory errest, ehock, or heert failure. List only one ceuse on sech line. IMMEDIATE CAUSE (Final the cremation, Intracerebral and Ventricular Hemorrhage diseese or condition resulting in deeth) this certificate has been signed by the attending physician and completely with the State Dept. of Health and Mental Hygiene prior to burial, cremating event, DUE TO (OR AS A CONSEQUENCE OF): AROTID CAVETLNOUS or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated evente regulting in death) LAST shows any injury, PART ii. Other eignificent conditione contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item **EXAMINER?** HOSPITAL: 1 TES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Netural 5 Pending DIRECTOR: After the hours after death in them 28 is marf death v BY M 1 YES 2 NO Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide If Item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(s) end menner ee stated. 29e. CERTIFIER TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. SIGNATURE AND TITLE OF CERTIFIER WLATOWSKI, MD BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Mpnth, Day, Year) 36133 7/31 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 块 John A Matowski 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

2. DATE OF DEATH

7. DATE OF BIRTH

12/28/1931

30, DAY 1991

YEAR

Pa.

certificate be executed within

HOWARD

10a. STATE

MARYLAND

10e. STREET AND NUMBER

DIRECTOR

. SOCIAL SECURITY NUMBER

214.03.3894

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

10b, COUNTY

852 MEADOWS HEIGHTS

CORNELIUS

5. SEX

ANNE ARUNDEL

1 💢 M 2 🗌 F

**JACOBS** 

YRS.

IF UNDER I YEAR

ARNOLD

10c. CITY, TOWN OR LOCATION

GLEN BURNIE

6. AGE (In yrs. last birthday)

86

REG. NO.

02

08

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

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21215-0020 al or attending physician. for use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEOENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENOENT OF HISPA ecify Cuban, Maxic 2 X NO Spec	an, Puarto Ri	(Specify Yes can, atc.)
-AND 21215-0020 the hospital or attending physician detached for use as the burial-tranonce.	COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 12th	College (1-4 or 5+) 4 YEARS	16a. OECEDENT'S USU (Give kind of work- life, Do NOT use ref PRESIDEN CHAIRMAN	done during mo ired.) T AND	st of working	Į,	KINO OF BUS WILLIA SONS O
\$ & & Z	BE CO	17. FATHER'S NAME (First, Middle, Last) HOWARD		JACOBS		16. MOTHER'S N		
	TO	190. INFORMANT'S NAME (Type/Print) MRS MILDRED V.JAC	OBS	19b. MAILING AOC 852 MEA	DOWS H	nd Number or Rural	ROAD,	or, City or Fown
MORE, age 6 may be director, page er must be		20a, METHOO OF OISPOSITION 1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from Stata	PLACE AND OATE OF DI netery, crematory or other p CEDAR HILL	sposition (Na clace) CEMET	me of ERY	8/5 1991	20c. LOC BROO
ALT death. Per funeral li.		21. SIONATURE OF FUNERAL SERVICE LIC	Husking	_	SING	DADDRESS OF F LETON FI OND AVE	ÜNERAI	L HOME
RECORDS, P.O. BOX 68760, B. requires that the death certificate be executed within 24 hours after een signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal shows any Injury, or other traumatte event, the medical is	PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, pr heert fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST  PART II. Other significant condition	e. OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	cer	me	Tas Pert i.	Ta T/
TAL R  The law receive has bee Sine Dept. o	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		HER:	ACE OF OEATH (C)		
M)	ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJU		_	(Specify)
DIVISID OR ATTEND DIRECTOR: An hours after de Item 28 is n	8	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm, atreet	, factory, office		28f. LOCAT City or	TION (Street an Town, State)
로 국 다 는	COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSI	ICIAN: To the best of my knowl ER: On the basis of axamination	adga, death occurred at a and/or investigation, in	lhe lime, data my opinion, de	and place, and due	io the cause	e(a) and mann
TO THE HOSPIT TO THE FUNER DE filed within IMPORTANT:	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIEF	rbaty	м. Р.		D27	MBER 93	8
16		30. NAME AND ADDRESS OF PERSON WH Dr. Mayer Gorbaty	795 A91	uaharTh		Glen	34	rnie
		AUG 6 1991	32. REGISTRAR'S SIGN					

2. DATE OF OEATH MONTH DAY 3. TIME OF GEATH YEAR 1991 7. DATE OF BIRTH
(Month, Day, Year)
JULY 21, 1905 a. BIRTHPLACE (State or Foreign Country)
MARYLAND 9c. COUNTY OF DEATH ANNE ARUNDEL 10d. INSIDE CITY 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify WHITE INESS/INDUSTRY M C. ROBINSON AND IL COMPANY iumame) State, Zip Code) D, MARYLAND 21012 ATION — Cily or Town, Stata KLYN PARK, BURNIE, MD 21061 atory srrest, **Approximats** interval Between **Onest and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE UTOPSY 1 YES 2 NO JURY OCCUREO d Number or Rural Route Number, or as stated. due to the cause(s) and manner as stated. 29d. DATE SIONED (Month, Day, Year)

OHMH-16 Rev 1/89

21061

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BALTIMORE, MARYLAND 21215-0020

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REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		CE	RTIFICAT	EUF	DEATH	2. DATE	REG. NO, OF DEATH		3. TIME OF DEATH
E Anne Li	ANNA	ANNA LOUISE KOVALSKY						Q.	1135A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday) IF UND	ER 1 YEAR DAYS	IF UNDER 24 HRS HOURS MIN	/Adonth	9-1913	D. E.	BIRTHPLACE (State or Foreign Country) ENNSYLVANIA
9a. FACILITY NAME (If not institution, give :	7 47 4	10	ah, Cri	T'/ TOWN O	PR LOCATION OF	_			OF DEATH
CHURCH HOSPITAL	CORPORATI	ON	1	BA	LTIMORE	CITY		34	the free
RESIDENCE OF DECEDENT  10a, STATE  10b. COUNT	γ		10c. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY
MARYLAND BA	LTIMORE	1	-		DUNDAI	.K			1 TES 2 NO
10s. WI HEET AND NUMBER			Fig.	101.	. ZIP CODE		10g.	CITIZEN	OF WHAT COUNTRY?
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11. MARITAL STATUS 1 Never Married 2 Married	12, WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES XX	O 13	if yes, spe	ecify Cuben, Max NO Spi	PANIC ORIOIN Ican, Puarto 1	? (Specify Yea or No Rican, etc.)	1 3	RACE — American Indian, Black, White, etc.
3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WA	H OH DATES		1   YES	AKI NO Spi	юту:			Specify: WHITE
16. DECEDENT'S EDU (Specify only highest grade		16a. DEC (GA	CEDENT'S USUAL we kind of work don Do NOT use retired	OCCUPATIO	ON at of working	16b	KIND OF BUSINESS	/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 0+)		OME MAK	*			НОІ	UT:	
10TH GRADE	N/A	1 11	UME MAKI	CK	18 MOTHER'S	NAME /First 1	ΠU;		
GEORGE KEBLES						MICHA		,,,,	
19a. INFORMANT'S NAME (Type/Print)	-	196	MAILING ADDRE	SS (Street a			ber, City or Town, State	n, Zip Cod	de)
ELEANOR K. BANGS	1	1717 FAT	RSTDF	ROAD	ELLIC	OTT CITY	. MA	RYLAND 2104	
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State									
20a. METHOD OF DISPOSITION		20b. PLACE	AND OATE OF OIS	SPOSITION	(Name	OAT	E 20c. LOCATIO	N — City	
20s. METHOD OF DISPOSITION 1	noval from Stata	20b. PLACE	and date of ois crematory or gibe PSERVI	sposition CE CO	PR 8-5	-1991	ZOG, LOCATION	N = CHy $ON$	MARYLAND
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20s. METHOD OF DISPOSITION 1	ICENSEE  complications that	20b. PLACE of Competer HILLTO	AND OATE OF OIS CREMITORY OF SERVICE 2	SPOSITION CE CO 2. NAME AN DUDA – 7922	(Name PR 8-1 NO ADDRESS OF RUCK FU WISE AL	5-1991 FACILITY INERAL VENUE	TOWSO HOME OF DUNDALK	N – CHY ON, DUN MD	MARYLAND DALK INC. 21222
20a. METHOD OF DISPOSITION    Burlat 2   Cremation 3   Ran    Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L.  23. PART i. Enter the diseases, or shock, or heart fallure.	CENSEE  complications that List only one caus	20b. PLACE of competer HILLIO	AND OATE OF OIS crematory or other P SERVI (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	SPOSITION COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR CO	PR 8-5 NO ADDRESS OF RUCK FU WISE AU de of dying, a	PACILITY INERAL PENUE	TOWSO HOME OF DUNDALK	DUN, MD y strest,	MARYLAND DALK INC. 21222 Approximate interval Betwo
20a. METHOD OF DISPOSITION  1	CENSEE  complications that List only one caus	20b. PLACE of competary HILLIO	AND OATE OF OIS CREMINATORY OF SERVICE 2	SPOSITION COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR CO	PR 8-5 NO ADDRESS OF RUCK FU WISE AU de of dying, a	PACILITY INERAL PENUE	TOWSO HOME OF DUNDALK	DUN, MD y strest,	MARYLAND  DALK INC. 21222  Approximate interval Betw
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20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ram  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI  23. PART i. Enter the diseeses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident	DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO	caused the decide on each line.  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Do not ent  SUENCE OF):  DUENCE OF):	sposition (CEC) (CCC) (C	(Name PR 8-1 No ADORESS OF RUCK FL WISE AL Ide of dying, a LACE OF OEATH LACE OF OEATH ON 5   Residen JURY AT JURY AT JURY 2   NO	In Part I.  (Check only or 28d. DE:	24a. WAS AN AUTO PERFORMED?  1 VES 2 N	N — City ON, DUN MD y srrest,	MARYLAND  DALK INC. 21 222  Approximate interval Betw Onset and Down on the completion of cause of death?  1 Yes 2 Ano

29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, 2 MEDICAL EXAMINER: On the basis of 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) D3.9116 8/4/9 MO WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) S Lahn mo Brondway N. Baltimore, mo 100 21222 1 32. REGISTRAR'S SIGNATURE

1 1991 Julia Savids

REC	10a. STATE	10b. COUNTY		100	CITY, TOWN C	R LOCATION			
급	MD	BALTIMO	DRE		TOWSON				
FUNERAL	10e. STREET AND NUMBER	1			2011001	10f. ZIP CODE	_		10g. CITIZ
Ä	8122 LOCH	RAVEN BLVI	)			21204			U.
5	11. MARITAL STATUS	12. WAS	DECEDENT EVER	IN U.S. ARMED	13. 1	MAS DECENDENT OF HISP	ANIC ORIGIN	Y? (Specify Ya	s or No-
B	1 Never Merried 2 S	107 341	ES, GIVE WAR OR D	DATES		YES 2 NO Spe		Rican, etc.)	
TED	(Specify on	CEDENT'S EDUCATION by highest grade completed	)	16a. DECEDE	NT'S USUAL OO	CCUPATION furing most of working	16b	. KIND OF BU	SINESS/INDU
COMPLET	Elementary/Secondary (	0-12) College	(1-4 or 5+)	Home	maker			Own	n Home
Ö	17. FATHER'S NAME (First, A	Aiddle, Last)				18. MOTHER'S	NAME (First, I	Widdle, Maiden	Sumame)
BE (	Dennis	Drisco	11			Deli		Rowlar	
TO B	19a. INFORMANT'S NAME (			19b. MA	LING ADDRESS	(Street and Number or Run	al Route Numi	ber, City or Tow	rn, Stete, Zip (
F	Michael J.	Kirkner		84	23 Locl	Raven Blv	d. To	wson,	Maryl
	20a. METHOD OF DISPOSIT XXBurlel 2 Cremetic 4 Donation 5 Other	on 3 - Removal from	State 201	LACE AND D	ATEOF DISPOSI	TION (Name of 7 Mem. Gard	s. 8-	5-91	Timon
- 1	21. SIGNATURE OF FUNERA	L SERVICE LICENSEE				IAME AND ADDRESS OF			
	> Ulal	lace S. 1.	Ranks	0.				1050	ork R
				101.	R	ick Towson	Funer	al Hor	ne, In
	23. PART i. Enter the d shock, or h	eert feilure. List only	one ceuse on a	d the deeth. I nach iine.	DD not enter	the mode of dying, au	ich ea cerd	liec or resp	iratory erre
	iMMEDIATE CAUSE (Fit disease or condition					· F/		. 10	0
	resulting in death)	<b>→</b>	100	my	ala	- H	ent	+ -	V.
			DUE TO (OR AS	A CONSEQUENCE	E OF):			0	
ON	Sequentially list condit	ions, b	DUE TO (OR AS A	CONSEQUENC					
¥.	if any, leading to imme cause. Enter UNDERLY	diate	DOE TO (OR AS )	CONSEQUENC	E OF):				
윤	CAUSE (Disease or Injute that initiated events		DUE TO (OR AS A	CONSEQUENC	E OFI:				
CERTIFICATION	reauiting in deeth) LAS	đ							
	PART II. Other aignifice	ent conditiona contrib	uting to death b	out not result	ing in the unc	derlying ceuse given i	n Part I.	24s. WAS AN	
3	Sie	ochund	Ber	1 Lu	non			PERFOR	
MEDICAL	ii		Co					111111111111111111111111111111111111111	CJ NO
PHYSICIAN:	25. WAS CASE REFERRED 1: EXAMINER?	The second second				26. PLACE OF DEATH (C	Theck only one	(r)	
5	1 TYES 2 NO	HOSP 1 Plans	tient 2   ER/Outs	petient 3 🗆 DO	A 4 Morni	ng Home S 🖂 Residence	6 C Other	(Specify)	
Ē	27. MANNER OF DEATH	-339	DATE OF INJURY (Month, Day, Year)	286.		28c. INJURY AT WORK?		CRIBE HOW II	NJURY OCCU
		Panding Investigation	1000000		м	1 YES 2 NO			
	3 🗌 Buicide 6 🗍		PLACE OF INJURY building, etc. (Spec	- At home, for	rm, street, facto	ry, office	28f. LOCA	KTION (Street a	and Mumber or
	4  Homicide	determined					City o	or Town, State)	
٦ <u>ا</u>	29e. CERTIFIER (Check only	TEYING PHYSICIAN: To the	ne beat of my know	ledge, death oc	curred at the tin	ne, date end place, and du	u to the com	sale) and man	mar as states
COMPLET	one) 2 MEDI	CAL EXAMINER: On the	basis of examination	n and/or investig	getion, in my op	inion, death occured at th	e time, data	and place, an	d dua to the
ш	296. SIGNATURE AND THE	OS CERTIFIER	1			29c. LICENSE NU	JMBER		29d. DATE S
<u>ක</u> වූ	X	a stot	pro						<b>&gt;</b>
- 1	30. NAME AND ADDRESS OF	PERSON WHO COMPLE	TED CAUSE OF DE	ATH (ITEM 27)	Type, Print)			-	

G.B.M.C. 6701 N CHARLES ST

Winifred D. Kirkner

6. AGE (In yrs. last birthday)

YRS. 80

5. SEX

GREATER BALTIMORE MEDICAL CENTER

1 M 2 F

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

TOWSON

9b. CITY, TOWN OR LOCATION OF DEATH

REG. NO.

8

8 10

7. DATE OF BIRTH (Month, Day, Year)

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle Last)

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

34. DATE FILED (Month, Day,

6

217 32 9066

91 21250 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH DAY 3. TIME OF DEATH 91 9.20 BIRTHPLACE (State or Foreign Country) MARYI.AND 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Yas or No-SpecWhite BUSINESS/INDUSTRY wn Home den Sumame) and Town, State, Zip Code) , Maryland 21204 LOCATION — City or Town, State Timonium, Maryland York Rd. 21204 ome, Inc. Approximate interval Between spiratory errest, Onaet and Death 24b. WERE AUTOPSY FINDINGS AWALASSE PRIOR TO COMPLETION OF CAUSE OF DEATH? AN AUTOPSY ORMED? 2 ONO I TYES 2 JAG W INJURY OCCURED el and Number or Rural Route Number.

**DHMH-16 Rev 1/89** 

and due to the ceuse(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after depression of the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the learning maps a mould be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ATT Y	RECT.	Irs af	ш 2
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	SPITA	VERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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	王	HI C	# filek	2
		F	۵	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYG		1 2125	1	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEAT		3. TIME OF OEATN		
	4 000141 0001010114	Helen A		KENNEY		August :	2, 1991	6:10 P	м	
	4. SOCIAL SECURITY NUMBER 357-16-8634		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Yo	ur)	8. BIRTNPLACE (State or Fore Country)	ign	
	9a. FACILITY NAME (If not institution, give		66 YRS.			MAY 8,		ILLINOIS		
Œ	FRANKLIN SQUARE				OR LOCATION OF D					
DIRECTOR	RESIDENCE OF DECEDENT	HUSPITAL		BALT	IMORE		Balt	timore Count	У	
REC	10a. STATE 10b. COUNT	Y	10c, CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY		
		LTIMORE	W	HITE MAR	SH			LIMITS?	0	
3AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	EN OF WNAT COUNTRY?		
FUNERAL	5413 BANGERT S				21162			S.A.		
FU	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIOIN? (Specif	y Yas or No-	14. RACE — American Indian Black, White, atc.	1	
BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES	2 NO Specif	y:	,,	Specify: WHITE		
ED	15. DECEDENT'S EDU	JCATION	18e. OECEDENT'S	USUAL OCCUPATION	ON .	18h KIND OF	BUSINESS/INDU			
ET.	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of ville. Do NOT us	vork done during mo	st of working	TOOL KIND OF	DOSINESS/INDU	STRY		
APL	NA	NA	HOMEMA	AKER		OW	N HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma				
BE (	BENJAMIN HARRIS	ON ALLEN			BESSI	E BARNFI	ELD			
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City of	Town, State, Zip (			
		SON)	5413	BANGERT	STREET,	WHITE M	ARSH, M	D 21162		
	20a. METNOD OF DISPOSITION 1 N Burtal 2 Cremetion 3 Rem	noval from State com	PLACE AND DATE O	ther place!			LOCATION — CI			
	4 Donellon 5 Other (Specify)		ST. JOSEP	H CEMET	ERY IO ADDRESS OF FA	B.	ALTIMORI	E, MARYLAND		
	. 6. )			SCI	IIMUNEK	FUNERAL 1	HOMES :	INC		
	nean J.	func		9/1	JO BELALI	R RD RAI	TTMODE	MD 21236		
	23. PART I. Enter the diseases or ahock, or heart failure.	complications that caused List only one cause on a	I the death. Do n ach line.	ot antar tha mo	da of dylng, auc	h aa cardiac or r	eapiratory arre	at, Approximate		
	IMMEDIATE CAUSE (Final disease or condition				inoma Lu	ng, Interval Bette				
	reaulting in death)	. Chronic Oh	OSTILICATION OF CONSEQUENCE OF		nary Dis	ease				
_										
ō	Sequentially list conditions, if any, leading to immediate	b. Heavy Smol	CONSEQUENCE OF	n:						
CAT	cause, Entar UNDERLYING			,				j		
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):						
CERTIFICATION	reaulting in death) LAST	d								
	PART II. Other algolificant condition	na contributing to death b	ut not resulting is	n the underlying	Cause alven la	Part I Dec Vin	S AN AUTOPSY			
ICAL	Seizures	-			oudse given in	PEF	RFORMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU		
						1 NE	S 2 A NO	OF DEATH?		
≥ ;								1 YES 2 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Chi	ick only one)				
SIC	EXAMINER?	HOSPITAL:	atlent 3 DOA	OTHER:		6 Other (Specify)				
E	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJI	JRY AT	28d. OESCRIBE NO		RED		
BY	Natural 5 Pending 2 Accident Investigation				ES 2 NO					
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, alc. (Speci	— Al home, farm, at	treal, factory, office		281. LOCATION (St.	reet and Number or	Rural Route Number,		
E										
린	29a. CERTIFIER Check only one) CERTIFYING PNYSI	ICIAN: To the best of my knowle	edge, death occurre	d at the Ilme, data	and place, and due	to the cause(s) and	menner as stated			
COMPLETED	2 MEDICAL EXAMINE	ER: On the besis of exemination	and/or investigation	n, in my opinion, de	eth occured at the	Ilme, data and place	, and due lo lhe	cause(s) and manner as state	ed.	
BE (	296. SIGNATURE AND TITLE OF CERTIFIED	/			29c. LICENSE NUM	IBER	29d. DATE	SIGNED (Month, Day, Year)		
5 E	Negas Mohames						D 8	102/81		
	Negar Mohamed, M		anklin So	quare Dr	ive Ba	ltimore,		d 21237		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE							

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE	OF	DEATH	R	EG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF E	DAY	YEAR	3. TIME OF DEATH
	George P.	KASMER					August	5, 199	1	4:03 A M
	4. SOCIAL SECURITY NUMBER 212-01-0995	5. SEX 1 2 M 2 F	AGE (In yrs. lest birthday) 76 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 2-22	( Year)	Cou	THPLACE (State or Foreign http)
ŀ	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY,	TOWN (	OR LOCATION OF DE	ATH	9c, C	OUNTY OF	DEATH
TOR	FRanklin Square Hosp	pital				Rossville	Baltim			ore
D C	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN O	R LOCAT	TION			_	10d. INSIDE CITY
		ltimore				altimore				1 TYES 2 NO
FUNERAL DIRECTOR	1310 Third Rd.			10	21220	10g. CITIZEN OF USA			WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. # FORCES? 1 YES 2 WAR OR DATES			1	f yes, sp	CENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	n, Puerto Rican		Bla	CE — American Indian, ick, White, atc.
- 4		1							1	White
	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done o	during mo	ost of working	16b. KIN	D OF BUSINESS	INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	Tool & D							
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	, Maiden Surnam	•)	***
BEC	Benjamin Kazmierski					Kathe	erine			
0	19a. INFORMANT'S NAME (Type/Print) Gerald Kasmer					and Number or Rural I . Balto. MI		ity or Town, State	Zip Code)	
	20a. METHOD OF DISPOSITION		20b. PLACE AND OAT	_	-		OATE	20c. LOCATION	— City or	Town, Stata
	1 Burial 2 X Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	of cemetary, crematory Metro Cres	or other p	lace)		8-8-91			lle, MD
i	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE /		22.	NAME A	nd address of fa h/Rosedale				
	1 Imise S	- Kelly			1211	Chesaco Av	ve.			
Z	23. PART I. Enter the diseases, or ahook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardi	as a consequence of	لحد		disea	22			Approximata Interval Batween Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events								
EH CH	reading in Sauth, End	d								
EDICAL (	PART II. Other eignificant condition	ona contributing to da	ath but not resulting	In the un	darlyin	g cause given in		WAS AN AUTOP PERFORMED? YES 2 NO		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ							-			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	neck only one)			
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER		ne 5 🗆 Residenca	8 Other (Sc	eclfy)		
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 8 Pending	28a. DATE OF IN. (Month, Day,			28c. IN.	JURY AT DRK?		BE HOW INJURY	OCCURED	
B	2 Accident Investigation		NJURY — At home, farm,	educat foot		YES 2 NO	201 1 OCATIO	N (Street and Nu	mhas as Our	al Davin Mumber
	3 Buicide a Could not be 4 Homicide determined	building, etc	. (Specify)	atreet, ract	ory, orn		City or To	wn, State)	nour or nur	ir Pidate Natition,
COMPLETED	onel only	SICIAN: To the best of my NER: On the basis of exem								e(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	N. H	Herns	)		29c, LICENSE NU	S411	29d.	DATE IGN	(Month, Day, Year)
٦	30. NAME AND AGORESS OF PERSON N	EFFER	6918	Rid	que	Rd 8	balt.	md.	212	37
	31. DAYE FUEG (MODIN, Day, 1887)	33. REGISTRAR'S	SIGNATURE STANDARD		V					

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
1 3	HARRY F.	F. KUEBLER			0 7 3 b	91	7;02 P M		
	222 22 2225		F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
1 3	XXXX ~	78 YRS.	OHING DAYS	HOURS MIN.	6/1/191	3 Ma	ryland		
~	9a. FACILITY HAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
DIRECTOR	3102 JAMES STREET BALTIMORE CITY								
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
ة	Maryland			ty,Md.			LIMITS?		
7	10e. STREET AND NUMBER 10f. ZIP CODE					104 CITIZEN OF	13 YES 2 NO WHAT COUNTRY?		
ER/	1302 James St.			log. On					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13			21230 USA  MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.   14. RACE - American In					
	1 Never Married 2 Married FONCES? 1 TES 20 NO			If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, White, atc.			ck, White, atc.		
ВУ	3 ₩Idowed 4 Divorced			Specify.			Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
<b>E</b>	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use r	retired.)						
M	12th.Grade	Balto.(	City, Fi	ty,Fireman					
	17. FATHER'S HAME (First, Middle, Last)				ME (First, Middle, Maiden				
BE	4	Kuebler		Grac		itwise			
2	19a. HFORMANT'S HAME (Type/Print)	19b. MAILING AL	DDRESS (Street an	d Number or Rural	Route Number, City or Tow	n, State, Zip Code)	01001		
	Mr.Eugene E.Taylor 3rd.	8220	Carrbi	clage (	circle,To	wson,Mo	1.21204		
	20e. METHOD OF DISPOSITION  1 Burlal 2 Cremetion 3 Removal from State	b. PLACE AND DATE OF I	DISPOSITION (Name place)	ne of		CATION — City or T			
	4 Donation S Other (Specify)	oudon Pa				Balto.M	d		
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Balto.Md.21230								
	McCully Funeral Home, 130 E. Fort Ave.								
	23. PART h Smar the diseases, or complications that cause	d the deeth. Do not	enter the mod	e of dying, auc	h as cerdiac or respi	ratory arrest,	Approximete		
	ehock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel								
	disease or condition								
	DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions,								
Ĕ	if any, leading to immediate								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury								
Ē	thet initieted avents resulting in death) LAST	A CONSEQUENCE OF):							
CERTIFICATION	d								
CAL	PART II. Other algnificent conditions contributing to death	but not reculting in 1	the underlying	ceuse given in	Part I. 24a, WAS AN	AUTOPSY 24	. WERE AUTOPSY FINDINGS		
2					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI					1 Q YES 2	No	OF DEATH?		
2					INEXPO	CHON	1 TYES 2 HO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLA	CE OF DEATH (Ch	ock and and	0/10/1			
Sic	28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)								
РНҮ	27. MAHNER OF DEATH 28s. DATE OF INJURY	28b. TIME D			28d. DESCRIBE HOW IF	HIDY OCCUPED			
	Natural 5 Pending (Month, Day, Year)	HUJURY	Y WOR	K? S 2 NO	200. DEGGNIBE HOW II	BONT OCCORED			
р ву	3 Suicide 28a. PLACE OF INJUR	Y — Al home, farm, atre-			281, LOCATION (Street a	ori Number or Rural	Brute Number		
Ш	3 Suicide 8 Could not be detarmined 288. PLACE OF INJURY — At home, farm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						TOUGH PERINDON,		
<u>"</u>	29a. CERTIFIER								
COMPLET	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
						dne to tue canse(	s) and menner as stated.		
B	796. 9 GHATURE AND TITLE OF CERTIFIER	7		29c. LICENSE HUN	3		(Month, Day, Year)		
2	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	1 10		.C.M.E	E. ▶08/01/91				
	TENSON WITO COMPLETED CAUSE OF DE			TTTMOD	E,MARYLA	UD 2120	1		
-	31. DATE FILED (Month, Day, Year) Page REGIST DADIS SIGN		SI.DA	TITIMOR	E, MAKILA	אט צוצע			
	31. DATE FILED (MONTH, Day, YOU)  AUG 6 1991 Fina Davidson	panded							

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LTIMORE, MARYLAND 21215-	ath. Page 6 may be retained by the hospital or attending	uneral director page 5 should be detached for use an in-		aminer must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending unyone	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use a second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

should

	HEGISTHAH			LITTI	ICALE	F DEAT	п	F	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	DONALD D	AVID	TENT	C			- 1	MONTH	DA		YEAR	S. TIME OF DEATH
			LEWIS					July	31	, 1	991	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YEA	-	4 HRS.	7. DATE OF	BIRTH		9. BIRTH	IPLACE (State or Foreign
	217-24-5467	1 X M 2   F	C 1	YRS.	MONTHS DAY	B HOURS	MIN.	(Month, Di			Countr	Y)
	9a. FACILITY NAME (If not institution, give		64					Apr 2	1 1	921	Ma	ryland
	THE IT HAME IN NOT INSTRUBON, GIVE	street and number)			9b. CITY, TOV	N OR LOCATION	N OF DEA	NTH		9c. COU	NTY OF D	EATH
6	Liberty Medica	1 Cente	r		Ra1+	imore						
E	Liberty Medica	ar ochoc			Daic	IMOLE	_					
E	10a, STATE 10b, COUNT			10c CIT	Y, TOWN OR LO	CATION						
E				100, 011	i, lown on Ec	CATION						10d. INSIDE CITY LIMITS?
	Maryland			Ba	altimo	re						1 N YES 2 NO
4	104, STREET AND NUMBER					10f. ZIP CODE				10- 017	7511.05.1	VHAT COUNTRY?
<u>~</u>	0617 5											
뾧	2617 Rosewood					212	15			U.	S.	Α.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	TEVER IN U.S. AF	RMEO	13, WAS	ECENDENT OF	HISPANIC	C ORIGIN? (S	pecify Yea			- American Indian,
-	1 Never Married 2 Married	FORCES? 1		NO	If yes	specify Cuban,	Maxican,	Puarto Rica	n, etc.)		Black	t, White, etc.
В	3 Wildowed 4 X Divorced				10	ES 2 NO	Specify:				Speci	
		World	War 11									B1ACK
ш	15. OECEDENT'S EDU (Specify only highest grade	JCATION completed	16a. OE	ECEDENT'S	USUAL OCCUP	TION		16b. KIN	ID OF BUS	INESS/INC	USTRY	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +		. Do NOT us	work done during se retired.)	most of working						
4 1		oomage (1-4 of 3 +		0	. 4.2							
Σ	High School			Cust	odian			Bal	to 1	2ub1	ic	School Sys
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME	E (First, Midd	le, Maiden S	Sumame)		
	Patrick Lewis									,		
BE	19a. INFORMANT'S NAME (Type/Print)							Frye				
2	198. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Number or	Rural Ro	ute Number, (	City or Town	State, Zip	Code)	
- 1	Mildred Lewis		2	122	Mormo	A -		D- 1	4 2		MD	21216
			1	123	MOTINO	unt A	ve.					21216
	20a, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ram	noval from State	cemetery, cre	AND DATE (	OF DISPOSITION	(Name of		OATE	20c. LOC	ATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)		Garr	ison	Fore	ct Vot	tors	an	OT/	ina	Mi 1	ls, MD
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE	1 0011	1001	22 NAME	AND ADDRESS	OE EACH	411	OW.	ing	MIT	IS, MD
	. 11	. \	1.		0.5.0	AND ADDRESS	OF PACIL	"Nut	ter	Fun	era	1 Homes
	How had	E. M.	The		250	l Gwyr timore	nns	Fall	s Pa	arkw	ay	
	11-20020	D. 100	2000		Bal	timore	e, N	Mary1	and	21	216	
- 1	23. PART i. Enter the diseases, or a shock, or heart failure.	List only one cause	caused the de	ath. Do n	ot soter that	nods of dying	, such	ss cardisc	or respir	atory arr	est,	Approximata
	IMMEDIATE CAUSE (Fine)											intarval Between
	IMMEDIATE CAUSE (Fine)											
	IMMEDIATE CAUSE (Fine)											intarval Between
	IMMEDIATE CAUSE (Fine)											intarval Between
Z	IMMEDIATE CAUSE (Fine)											intarval Between
NOI	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions,	a. Coro	Cor as a consecuinal	QUENCE OF	ect matale							intarval Between
ATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate	a. Coro		QUENCE OF	ect matale							intarval Between
ICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING	a. Coro	Cor as a consecuinal	QUENCE OF	ect matale							intarval Between
IFICATION	Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (	Cor as a consecuinal	QUENCE OF	P: Lale							intarval Between
RTIFICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO (	OR AS A CONSECUTION AS A CONSECUTION	QUENCE OF	P: Lale							intarval Between
CERTIFICATION	Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (	OR AS A CONSECUTION AS A CONSECUTION	QUENCE OF	P: Lale							intarval Between
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URED  or Rural Ro  d., cause(s)	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

77 x 1 1 1 1 2 2 1

3. TIME OF DEATH
3:00 P

2. DATE OF DEATH
MONTH 2-DAY 1991 YEAR

1. DECEDENT'S NAME (First, Middle, Last)

Leona Dolores Lawrence

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

213-28-65		5. SEX	5. AGE (In yrs	: last birthday)	MONTHS	DAYS	HOURE MIN.	(Mont	of BIRTH h, Day, Year) 26-193		Country)	and	
9a. FACILITY NAME (If not Francis S			. Ctr				or Location of Di	EATH		9c. COUNTY			
nesidence of de 10a. STATE Md.	10b. COUNTY	imore		10c. CIT	v, town o	P	TION E-Dunda	lk				d. INSIDE CITY LIMITS?  YES 24 NO	
10% STREET AND NUMBER 4055 St.		ine La	ne			10	1. ZIP CODE 21222			10g. CITIZE	N OF WHA	T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 3 Dividowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	l It	yes, s	CENDENT OF HISPA pecify, Cuban, Mexico 8 2 ANO Specific	n, Puerto	N? (Specify Yea Rican, etc.)	- 1	Specify:	American Indian, hita, stc.	
(Specify or	CEDENT'S EDUC	completed)		Give kind of the Do NOT us	USUAL OC	CUPATI luring m	ON ost of working	16	b. KIND OF BUS	INESS/INDUS	STRY	7	
Elementary/Secondary	0-12)	College (1-4 or 5	+)	Home					Own H	OMA			
17. FATHER'S NAME (First,	Middle, Last)			HOME	mane		18. MOTHER'S NA	ME (First					
Martin B							Lilli		unkne				
19a. INFORMANT'S NAME				19b. MAILING	ADDRESS	(Street	and Number or Rural				ode)		
Donald H		ence										. 21222	
20a, METHOD OF DISPOSI		CHOC	20h DI	ACE AND DAT			- : · · -	DA		CATION - CIT			
1 XBurial 2 Cremati	on 3 🗆 Remo	wel from State	of ceme	tary, crematory	or other pi	ace)	f Jesus	8	5 91	Bal			
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Sequentially list cond if any, leading to imm cause. Entar UNDERL' CAUSE (Disease Dr In thet initiated events resulting in death) LA	ediata riNG ury	DUE TO		CONSEQUENCE OF):									
PART II. Other eignific	ant condition	contributing to	o death but r	not resulting	In the un	dariyli	ng cause given in	Part I.	24a, WAS AN PERFOR 1 TYES 2	MED?	CC	PERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL					26. 1	PLACE OF DEATH (C	heck only o	one)				
EXAMINER?	7	HOSPITAL:	FR/Outpatle	or 3 □ DOA	OTHER	₹:	me 8 🗆 Rasidenca						
27. MANNER OF DEATH	Pending investigation	28a. DATE O		28b. TIN		28c. IN	JURY AT ORK? YES 2 NO	Y	EŞCRIBE HOW I	NJURY OCCU	PRED		
a District	Could not be determined		OF INJURY — i , stc. (Specify)	At home, farm,	street, fact	ory, off	ice		CATION (Street a y or Town, State)	and Number of	r Rural Rou	te Number,	
Torroom only							te and place, and du death occured at th					nd manner as stated.	
29b. SIGNATURE AND THE	yus		los es estat	area are			29c. LICENSE NU	MBER 848	7	29d. DATE	8/3	overs from vego	
30. NAME AND ADDRESS	KANK	LIN S	oute	C= DA	Print)	1	BALTO	2	123	7	1		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6 1991

FOR 1 - STATE	STATE OF MARYL		MENT OF HEALTH AND		91 21200			
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Leath	Steven	Son A	URTIN	REG. NO.	GYEAR 3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 212 56 8350	1×M 2 □ F	YRS. M	F UNDER 1 YEAR	7. DATE OF BIRTH (Month, One Year) 30	BIRTHPLACE (State or Foreign Country) Maryland			
9a. FACILITY NAME (If not institution, give st UNION MEMORIAL RESIDENCE OF DECEDENT			BALTIMORE CIT		COUNTY OF DEATH			
10a. STATE 10b. COUNTY	na		nown or Location		10d. INSIDE CITY LIMITS?  KM YES 2 \( \square\) NO			
100. STREET AND NUMBER 3113 St Paul St	reet		101. ZIP CODE 2.12.18		CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS OECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES 2 NO Speci		- 14. RACE — American Indian, Black, Whita, etc. Specify: White			
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	16b, KIND OF BUSINESS	/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Maiden Surnam	779)			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street and Number or Rura	I Route Number, City or Town, State	s, Zip Code)			
20a. METHOD OF DISPOSITION 1	oval from State	b. PLACE ANO OATE Of cemetary, crematory or	F OISPOSITION (Name other place)	OATE 20c. LOCATION	N — City or Town, Stata			
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that ceuse List only one ceuse on e	7/30/91 d the death. Do not ach line.		ore St, Balto.				
Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF:	Carona une of	Bygon	ery dis }			
PART I. Other aignificent condition	a contributifique destil	not resulting in	the underlying cause given i	Part I. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO	ANAILABLE PRIOR TO COMPLETION OF CAUSE			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_	26. PLACE OF DEATH (	Check only one)				
1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	26b, TIME		2nd. DESCRIBE HOW INJURY OCCUREO				
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, str city)	eet, factory, office	281. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,			
and and			at the lime, data and place, and d		a stated, to the cause(a) and manner as stated,			
296. SHANATURE AND TITLE OF CHATIFIE	1 Jack	ula	29c. LICENSE N D0975	77233	DATE SIGNES (Moreth, Day War)			
30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	rint)	1101	1 0			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
BOX 6	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF

Ann M. Dixon MD DCME
31. DATE FILED (MOSTIN, Day), 1987)
AUG 6 1991

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. DEGISTRAR'S SIGNATURE

	91-4445-510 FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAF	RTMEN	IT OF H	IEALTH	AND	MENTA	L HYGI	ENE	91	212	57
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF	ICAT	E OF	DEA	TH		REG. I	NO.		3. TIME OF C	
	David	Sco	ott		N	lorga	n	Sr.	08		DAY 1	991	2:30	р
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)		ER 1 YEAR		R 24 HRS.	7. DATE	OF BIRTH		B. BIRTH	PLACE (State o	
	220-74-3434	12 M 2 🗆 F	30	YRS.	MONTHS	DAYS	HOURS	MIN.	Sep	th. Day, Year 27	1960 Country) Md.			
	90. FACILITY NAME (If, not institution, give s University Hospi	treet and number)			9b. Cl	TY, TOWN C	OR LOCATI	ION OF D				OUNTY OF DEATH		
O E	MShock Trauma Cente	er			Ba1	timo	re C	itv						
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	,						10,						
DIRECTOR	10000000	timore		10c. CIT	.,	OR LOCAT							10d. INSIDE (	CITY
	10e. STREET AND NUMBER	CIMOLE				ltimo							1 YES 2	
FUNERAL	25 Vimy Cou	net-				101	ZIP COD	220			10g. CI		VHAT COUNTR	Y?
N N	11. MARITAL STATUS		T 5755 11110 1									USA		
B	1 Never Married 2 Nerried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		13	II yes, sp	ecify Cubi	en, Mexic	en, Puerto	N? (Specify Rican, etc.)	Yes or No-	14. RACE Black Speci	American ( t, White, etc. ty: Whit	
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. D	ECEDENT'S	USUAL	OCCUPATIO	ON		16	b. KIND OF	BUSINESS/IN	DUSTRY	WILL	.е
1	Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of a e. Do NOT us	work done se retired.	during mo	st of worki	ng						
i d	N/A	N/A	W	areho	use	man					Pri	nting	5	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S N	AME (First,	Middle, Mak	ion Sumeme)			
BE	Donald Mor	gan					E	liza	beth	Norm	an			
2	19e. INFORMANT'S NAME (Type/Print)		19	Db. MAILING	ADDRE	SS (Street e	nd Numbe	r or Rural	Route Nun	nber, City or	Town, State, Z	ip Code)		
-	Carla Morgan (w	ife)		25	Vi	my Co	ourt,	, Ba	ltim	ore,	Md.	2122	20	
	20e. METHOD OF DISPOSITION 1XXBuriel 2 ☐ Cremetion 3 ☐ Remo	oval from State	20b. PLACE	AND DATE	OF DISPO	SITION (Na	me of		DAT	TE 20c.	LOCATION -	City or To	wn, State	
	4 Donation 8 Other (Specify)		cemetery, cr Gard	ens c	f F	aith	Ceme	eter	У		Balti	more,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE			22	. NAME AN	D ADDRE	SS OF F	CILITY					
	Cugene	V Za	itne	D L							me, I			110
	23. PART I. Entay the diseases, 61/0	omplications the	t caused tha d	eath Do r	ot anta	r the mo	da of dv	ing, auc	tan	e, Ba	I C I MO	re, M	Id. 212	
	shock, or heart failure.	List only one cau	aa on aach iin	a. /			,				ap.rotory of	1001,	interva	Between
	disease or condition		1-1			-	-						Unset	and Death
	resulting in death)	DUE TO	OR AS A CONSE	QUENCE OF		~ ~	~							
2					51								İ	
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	j:									
3	cause. Enter UNDERLYING CAUSE (Disease or Injury												ļ	
E	that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	7):									
1 111	reaulting in death) LAST	ı												
_	PART II. Other algnificant condition	s contributing to	death but not	requisire i	n the c									
₹ 5			dadin but not	readiting (	ii tiia t	muerrymig	cause (	given in	Part I.	PERF	AN AUTOPSY	24b.	WERE AUTOPS	OR TO
0									_	1 YES	2 🗌 NO		OF DEATH?	OF CAUSE
Σ													1 PYES 2	□ NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL													
S	EXAMINER?	HOSPITAL:	December 1		OTHE		ACE OF D	EATH (Ch	eck only o	ne)				
1×S	1 1 YES 2 NO	1 ☐ Inpatient 2%			4 🗆 Nu	reing Home		sidence						
	1 Natural 5 Pending	28e. DATE OF (Month, D		28b. TIMI	URY	28c. INJE WOI	RK?				V INJURY OC			
8	2 Accident Investigation	08 01	1991		OA"		ES 2 X	NO					le acc	ident
8	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — A1 ho	ome, ferm, s	tree1, fac	ctory, office	•		281. LOC City	or Town, Sta	et and Numbe le)	r or Rural A	oute Number,	
COMPLET			treet										m I-95	(S)
APL	(Check only	CIAN: To the beat of	my knowledge, de	eath occurre	d at the	ilme, date	end place,	, end due	to the ce	use(s) end n	nenner es sia	ted.		
Ö	One) 2 DEDICAL EXAMINER	: On the basis of er	camination end/or	Investigation	n, In my	opinion, de	ath occur	ed at the	fime, date	end plece,	end due to 1	he cause(s)	end menner e	s ateled.
BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	ENSE NUI	WBER		29d. DAT	E SIGNED	(Month, Day, Ye	er)
0	AVY	M					0.0	M.I	Ξ.		▶ 08	3 02	199	1
	30. NAME AND ADDRESS OF PERSON WHO	COMOLETED CALL	S OF BELTWIN											

111 Penn Street, Baltimore Maryland 21201

DHMH-18 Rev 1/89

3. TIME OF DEATH

REG NO

2. DATE OF DEATN

Pages 1, 2, 3 should

permit.

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit

**BALTIMORE, MARYLAND 21215-0020** 

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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death death

NINERAL DIRECTOR:

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223

certificate

ANDREW W. MCNAMARA YEAR 9:30 DREU 8-0 7. DATE OF BIRTN (Month, Day, Year) JAN 4, 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 213-34-57 1938 MARYLAND 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE ST. JOSEPH HOSPITAL DIRECTOR YOW SON 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? ALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3659 K U.5.A. ENYON 21213 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? XX YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, P.

1 YES 2X NO Specify: 1 Never Married 2 KMerried Specify: BY 3 Widowed 4 Divorced PEACE TIME WHITE ETED. 15. OECEOENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) COMPL NA TACTICAL SQUAD NA BALTIMORE CITY POLICE 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANDREW W. MCNAMARA SR. CLARA CURREN Ħ BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LORETTA C. McNAMARA (WIFE) 3659 KENYON AVE., BALTIMORE, MD. 21213 pe 20a, METNOD OF DISPOSITION
1 \( \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinte\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinte\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinte\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tilit{\text{\text{\text{\text{\text{\texiext{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\texi{\texi}\text{\texitile}}\tint{\tinttet{\text{\texi}\text{\text{\texi}\text{\text{\texiclex{\text{ 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE must t GARDENS OF FAITH CEMETERY 4 Donation 5 Other (Specify) BALTIMORE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE, LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. alher 3331 BREHMS LANE, BALTIMORE, MD. 21213 23. PART I. Enter the diseased, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. medical interval Betwe Onset and Death IMMEDIATE CAUSE (Final the CARCINOMA disease or condition resulting in deeth) event, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury injury, or other DUE TO (OF SEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 4 🗆 Ni g Nome 5 - Residence 8 - Other (Specify) marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28 Is 6 Could not be determined COMPLETED 4 🔲 Nomicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) end manner ee stated. = 2 MEDICAL EXAMINER: On the besie of examin stion end/or investigation, in my opinion, desth occured at the time, date and place, and due to the cause(e) and menner ea stated, IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE ballo 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) TOWSON Me 202 0 ST. 31. DATE FILEO (ACT) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF			3. 17	ME OF DEATH
		WRK / AT	nna F	. Mili	ck			MONTH	DAY	3	YEAR 91	3 35 4
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. Is	est birthday)	F UNDER 1 YEA		DER 24 HRS.	7. DATE OF I	BIRTH		BIRTHPLAC	E (State or Foreig
	215 10 3489	1 □ M 2 💢 F	76	YRS.	IONTHS DAY	B HOUR	S MIN.	(Month, De	9=19	15	Mar	yland
1	9e. FACILITY NAME (If not institution, give st	reet and number)		-	D. CITY, TOW	N OR LOC	ATION OF DE		<del></del>		Y OF DEATH	,,
8	University of	Maryland	Med.	Cnt	Bal	timo	ore					
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY				TOWN OR LO	CATION					1404	INSIDE CITY
DIRECTOR	. 4	altimore		10c. CITT,			ville					LIMITS?
	Maryland B:	ar trillore			Val	10f. ZIP C				10a CITIZE	N OF WHAT	YES 2 X NO
¥	55 Briarwood	be o 9			-	101. 211 0	2122	8		log. of the	USA	000.00
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS	DECENDEN	T OF HISPAN	IIC ORIGIN? (S	ipecify Yes o	r No— 1	4. RACE - A	mericen Indian,
- 11	1 Never Merried 2 Married	FORCES? 1 IF YES, GIVE WAR		NO			uban, Mexicas NO Specify	n, Puerto Rica	n, etc.)		Black, Whi Specify:	
D BY	3 🔀 Widowed 4 🗌 Divorced										W	hite
W I	15. DECEDENT'S EDUC (Specify only highest grade		(	Give kind of wo	rk done during	ATION most of wo	orking	16b. Kill	ND OF BUSIN	NESS/INDU	STRY	
١٣	Elementary/Secondery (0-12) 12th	College (1-4 or 8+)	, an	fe. Do NOT use		200			IIo	me		
COMPLET				поше	emake							
_	17. FATHER'S NAME (First, Middle, Last) William Grim							V . Ba				
B	19a. INFORMANT'S NAME (Type/Print)		1.	19b. MAILING /	DOBESSET						Corde)	
2		Jr.	-	8112								, 995
	20a METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remo		20b. PLAC	E AND OATE	OF OISPOSIT	ON (Name		OATE			ty or Town, 8	
	1 🐼 Burial 2 🗆 Cremation 3 🗆 Remo	ovel from State	Meac	Cowrig	dge M	em.	Pk	8/6		ride		
	21. SIGNATURE OF FUNERAL SERVICE CO	ENSEE May	14	/				eral				1228
	George E. M.	acNahh										
NO	23. PART I. Enter the diseases, or one shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	emplications that could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be could be cou	AS A CONS	MEDUNICE OF	A contract of	moda of	dying, suci	ek Ro	or respire			Approximete Interval Betwoese and D
TIFICATION	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. Respine Tolors  Bue Tolors  C. C. C. C. C. C. C. C. C. C. C. C. C. C	AS A CONSI	MEDUNICE OF	ailu we Feul	moda of	dying, suci	h aa cardisc	or respire			Approximete Interval Bet
SERTIFICATION	23. PART I. Enter the diseases, or one shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	s. Respine Tolors  Bue Tolors  C. C. C. C. C. C. C. C. C. C. C. C. C. C	AS A CONSI	FEU EOUENCE OF	ailu we Feul	moda of	dying, suci	h aa cardisc	or respire			Approximete
- 11	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	s. RESDI DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF	AS A CONSI	EQUENCE OF	ailu ailu ailu Faul	moda of	dyling, such	h aa cardisc Drong EAT	c or respire	atory arrows arte ary pass	S GRAT	Approximate interval Bette Onset and Conset
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O THE MOOTHER OF THE INDING PRINCIPLY, THE NAME SHOULD BE EXECUTED WITHIN Z4 DOURS SHEEL BEST FASE & MAY BE RETAINED BY THE NOS	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	I
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	REGISTRAR		CERTIF	CATE C	F DEATH	F	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH	
2	BLANCHE EDNA 4. SOCIAL SECURITY NUMBER 5. SEY						30, 19	91	11:00 Am	
			yrs. lasi birthday)	MONTHS DAY		7. DATE OF E	SIRTH y, Year)	6. BIRTI	HPLACE (State or Foreign	
	212-07-0463  1 M 2 K  Se. FACILITY NAME (If not institution, give street and number	1 00	YRS.				71905	M	laryland	
œ			^-		N OR LOCATION OF DE			UNTY OF D	EATH	
6	115 West Meadow Road,	212	25	Balt	imore (Bro	oklyn	PK.) A	nne A	rundel	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY	
	Maryland   Anne Arund	el	Bal	timore	(Brooklyn	Park	()		LIMITS?	
A	10e. STREET AND NUMBER				101. ZIP CODE		10g. CI	TIZEN OF V	WHAT COUNTRY?	
<b>5</b>	115 West Meadow Road,		21225							
FUNERAL		DENT EVER IN U	I.S. ARMED	13. WAS	ECENDENT OF HISPAN	IC ORIGIN? (S	pecify Yee or No-	14. RACE	- American Indian,	
BY		VE WAR OR DATE			specify Cuben, Mexicar /ES 2 X NO Specify.		i, etc.)	Speci	K, White, etc.	
	15. DECEDENT'S EDUCATION								White	
COMPLETED	(Specify only highest grade completed)		Give kind of w life. Do NOT use	ork done during	MTION most of working	16b. KIN	D OF BUSINESS/IN	DUSTRY		
P.	Elementary/Secondery (0-12) College (1-4)	Dr 5 +)	Homemak			Hou	sewife			
8	17. FATHER'S NAME (First, Middle, Lest)									
	James Wilkinson				18. MOTHER'S NAM		Wilkins	on		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stra	et end Number or Rural A					
2	Mrs. Mary Ellen Charne	У	525	Shiple	y Road, Li	nthici	im, Mary	land	21090	
	200. METHOD OF DISPOSITION	20b. Pt	ACE AND DATEO	F DISPOSITION	(Nama of	DATE	20c. LOCATION -	- City or To	wn State	
	1 X Buriel 2 Cremetion 3 Removat from Stat 4 Conetion 5 Other (Specify)	· cerce	darath 19	1 PCeme	tery	8/1			Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7 Kevi	n E. Ec	K 22. NAME	AND ADDRESS OF FAC	LITY	6.5			
	*Xc - 5 6/		e			ral Home of Brooklyn sco Ave., Baltimore, Md. 21				
	23. PART I. Enter the diseases, or complications	thet caused th	ne death. Do no	23/	E. Pataps	CO AVE	e., Bait	Imore		
	or most felicite. List offly offe	couse on sach	ine.	or ones the	node or dying, such	ss cardisc	or respiratory s	rrest,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition	inter co	Ho	+ 0	- 1:				Onset and Dasth	
	resulting in death) a. Cuy	TO (OR AS A CO	ONSEQUENCE OF	CC T	active					
z	- HUA	extons	iàa						1	
≗	Sequentially list conditions, if any, leeding to immediate	TO (OR AS A CO	INSEQUENCE OF	·						
HILICATION	CAUSE (Disesse or injury								!	
≐	that initiated events resulting in death) LAST	TO (OR AS A CO	INSEQUENCE OF	:						
E	d									
	PART II. Other significent conditions contributing	to death but	not resulting in	the underly	ing ceuse given in P	Part I. 24e.	WAS AN AUTOPSY	24b	24b, WERE AUTOPSY FINDINGS	
DICAL	Carcinoma of the				dominal		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
u III	metastases			· · · · · · · ·	CO. M.CO.CO.	<u> </u>	YES 2 NO		OF DEATH?	
3						- 1			1 TES 2 NO	
3	25. WAS CASE REFERRED TO MEDICAL			26,	PLACE OF DEATH (Chec	ck oak one)				
<u> </u>	EXAMINER?  1 YES 2 NO HOSPITAL  1 Inpetient	: 2  ER/Outpatie	mt 3 DOA	OTHER:	ome 5 Residence 6		-4.3			
PHISICIAN	27. MANNER OF DEATH 280. DATE	OF INJURY	28b. TIME	OF 26c. I	NJURY AT		E HOW INJURY OC	CURED		
	Natural 5 Pending	h, Day, Year)	INJU		YES 2 NO					
- 11		E OF INJURY	At home, term, at	reet, factory, of	fice	281. LOCATION	(Street end Numbe	r or Rural A	oute Number,	
	4 Homicide determined	mg, etc. (opecity)				City or Tow	rn, Stete)			
4	29e. CERTIFIER Check only CERTIFYING PHYSICIAN: To the be	t of my knowledg	e, death occurred	at the time, di	te end place, and due to	o the councie)	and manner on etc	100		
2	one) 2 MEDICAL EXAMINER: On the basis	ot examination en	d/or investigation	In my opinion	death occured at the ti	me, date end i	place, end due to ti	he couse(s)	end menner as stated.	
<u>}</u>	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUME					
	View Thompson	ND			0236	247	29d. UAI	1 )	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WIND COMPLETED	AUSE OF DEATH	(ITEM 27) (Type, F	Print)	1 0 6	312	1	131	7.1	
	Dr. Sue Thompson, MD	3918 P	otee St	., Bal	timore, Ma	aryland	d 212	25		
	31. DATE FILED (Month, Day, Year) 9 32. REGIS									
	AUG 6 1991 gula Davi	eson-Mond	456							

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" For the Committee

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	1 - FOR STATE REGISTRAR		STATE OF M	MARYLAND	) / DEPAI CERTIF	RTMENT OF	HEALT F DE	H AND		YGIENE EG. NO.		91	212	261
	1. DECEDENT'S NAME (First) MARGARET	, Middle, Lest)	ROSALIE			MCNEW			2. DATE OF D	EATH DAY	4	YEAR 91	3. TIME OF DEA	
	4. SOCIAL SECURITY NUME 218-03-0264		5. SEX	6. AGE (In yrs	. lest birthday) YRS.	IF UNDER 1 YEAR		DER 24 HRS. 8 MIN.	7. DATE OF BI (Month, Day,	RTH Year)		-	LACE (State or F	
	9a. FACILITY NAME (If not in		111	85		9b. CITY, TOV	N OR LOC	ATION OF DE	11-8-				LAND	
DIRECTOR	NORTH ARU	NDEL H	HOSPITAL	ASSOCI								. COUNT	'Y	
Ä	10a. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN OR LO	CATION						10d. INSIDE CIT	Y
	MD	ANNE	ARUNDEL		MII	LERSVI	LLE						LIMITS?	NO
FUNERAL	792 OAVCTIDA	D DD					101. ZIP CC	37/			10g. CITIZE	EN OF WI	HAT COUNTRY?	
N N	782 OAKSTUM	P DK.	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13 WAS	2110		VIC ORIGIN? (Spi	alfu Van a	U.S.			
BY FI	1 Never Married 2 3 Nidowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	No	II yes	specify Cu	iban, Mexica	n. Puerto Rican.	elc.)	r No- 1	4. RACE - Bleck, Specify	- American Ind White, atc.	len,
0		EDENT'S EDU	CATION	40.	DECEDENT TO	USUAL OCCUP							HITE	
ETE	(Specify only Elementary/Secondary (0	y highest grade	Completed)		(Give kind of life. Do NOT us	work done during	most of wo	rking	16b, KIND	OF BUSIN	IESS/INDU	STRY		
COMPLET	6th	,	NONE	<u>'</u>	HOMEM	IAKER			OWN	HOME	3			
CO	17. FATHER'S NAME (First, M.						18. MC	OTHER'S NA	ME (First, Middle,					
BE	JOSEPH KING								MARIE G					
5	LEONA L. DI	,,						ber or Rural F	Route Number, Cit	y or Town,	State, Zip C	ode)		
	20e METHOD OF DISPOSITI			20b. PLA		AS 10			DATE	20c. LOCA	TION — CI	ty or Tow	n State	
	4 Donation 5 Other	(Specify)	202122222	cemetery.	crematory or o	ther placel		PARK	8-7				.,	
	21. SIGNATURE OF FUNDRAL	L SERVICE UC	CENSEE	1		22. NAME	AND ADDE	RESS OF FAC	CILITY IERAL HO		DOM	N. L. Ling.		
-	Uto	New	200 Su	ml		1 S	ECOND	AVE	SW	TEN	BURN	TE.	MD 210	61
CERTIFICATION	23. PART Enter the all shock, or he immediate CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, lasding to immediate, shock of the course. Enter UNDERLY!! CAUSE (Disease or injuithst initiated events resulting in death) LAST	Dns, dlate NG ry	B. DUE TO	(OR AS A CONS	CEN BEQUENCE OF	ve Ilmon	Sh.	aying, such	dene March				Approxim intervel B Onset sno	etween
PHYSICIAN: MEDICAL CI	PART II. Other significer		s contributing to	death but no	t resulting i	n the underly	Ing couse	given in (		WAS AN AU PERFORME YES 2	ED?	6	YERE AUTOPSY FINAL ABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF	TO CAUSE
i i	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	PLACE OF	DEATH (Che	ick only one)					
HYS	1 YES 2 NO		1  Inpetient 2		3 DOA		OTHE 5	Realdenca	8 Other (Spec		100 0000	-		
ВУ Р		Pending nvestigation	(Month, De	y, Ybar)		URY	WORK? YES 2	□ NO	200. DESCRIBE	HOW INJU	UHY OCCU	TED		
	3 Suicide 8 0	Could not be determined	28s. PLACE Of building,	INJURY — AI etc. (Specify)	home, farm, s	treet, factory, o	fice		281. LOCATION City or Town	(Street and n, State)	Number or	Rural Roi	ute Number,	
COMPLETED	29a. CERTIFIER (Check only one)	IFYING PHYSI	CIAN: To the best of	my knowledge,	death occurre	d at the time, d	rte and plac	ca, and due	lo lhe cause(a) a	and manne	r ea stated.			
S	2 MEDIC		R: On the beals of ax	emination and/	or investigatio	n, in my opinior	, death occ	ured at the t	time, data and p	lace, and d	lua lo lha d	:ause(s) #	and menner as s	lated.
BE	296. SIGNATURE AND TITLE				5	m	1'.	CENSE NUM	Ato	P	10	u D	Aonth, Day, Year)	981
2	30. NAME AND ADDRESS OF CHARLES W	PERSON WHO	D./1600	E OF DEATH (I	TEM 27) (Type. HIGHWA	Print) Y,SW,	#306/	GLEN	BURNIE	, MAR	RYLAN	D 21	061	4
	31. DATE FILED (Morith, Day, Y		32. REGISTRA											$\exists$

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31. DATE FILED (Month, Day, Year)
AUG 6 1991

1	1. DECEDENT'S NAME (First, Middle, Last)  CAROLINE	A NNE		MISTER		2. DATE OF GEATH	DAY05	YEAD 1 3.	O1:40 P
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH			
	022-16-5453  90. FACILITY NAME (If not institution, give:	1 □ M 2 🖾 F	9 YRS.	MONTHS DAYS	HOURS MIN.	2-23-12		MASSA	ACE (Stete or Foreign
CTOR	NORTH ARUNDEL		OCIATION		EN BURNI		96, COO	A . A	. COUNTY
- DIRECTOR		ARUNDEL		TY, TOWN OR LOCATEN BURNII					d. INSIDE CITY LIMITS?
FUNERAL	116 MARTHA RD.				1. ZIP CODE 21060		U.S.		T COUNTRY?
BY	11. MARITAL STATUS  t Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 ANO	It yes, sp	CENDENT OF HISPA lectry Cuben, Maxic 2 A NO Speci	NIC ORIGIN? (Specify an, Puerto Ricen, etc.) by:	Yee or No-	Black, W Specify:	American Indien, hite, etc.
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us		ON sst of working	16b. KIND OF			
₩ O	12 th  17. FATHER'S NAME (First, Middle, Lest)	NONE	HOMEMAK	KER	16 MOTUEDIO N	OWN HO			
BE C	ALFRED LINCOLN				PEARL	WYAND	en Sumeme)		
TO B	19e. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street a		Route Number, City or 1	own, State, Zip	Code)	
-	HERBERT E. MISTE	CR	SAME	AS ITEM	10 E				
	20a METHOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Rem	oval from State 20b	PLACE AND DATE	OF DISPOSITION (Ne	ame of		LOCATION —	-	
	4 Donetion 5 Other (Specify) 21: SIGNATURE OF FUNEYAL SERVICE LIK	- G	LEN HAVE	N MEMORI	AL PARK		EN BUF	RNIE,	MD
	· Hornel	BUM	m	SING	LETON FU	NERAL HOM	_	NIE.	MD 21061
	23. PART I. Enter the disease, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Respire	ech line.			h aa cerdiec or res	piratory arr	est,	Approximate Interval Between Onset and De
NO.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Acute	CONSEQUENCE OF	mary	Ede	ma			
ERTIFICAT	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	d							
MEDICAL	that initieted events				g ceuee given in		AN AUTOPSY DAMED?	CO	RE AUTOPSY FINDIN NLABLE PRIOR TO MPLETION OF CAUSI DEATH?
SICIAN: MEDICAL	that initiated events resulting in death) LAST	a contributing to deeth b	ut not resulting l	in the underlying 28. PL OTHER:	ACE OF DEATH (Ch	PERF	DRMED?	CO	NLABLE PRIOR TO MPLETION OF CAUS DEATH?
PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	da contributing to deeth b	ut not resulting I	28. PL OTHER: 4   Nursing Horm E OF 28c, INJI	ACE OF DEATH (Ch  5	PERF	PAMED?	OF	NLABLE PRIOR TO MPLETION OF CAUSI DEATH?
D BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a contributing to deeth b  HOSPITAL: 1 N inpatient 2 - ER/Outp	etient 3 □ DOA □ 28b. TIMI	28. PL OTHER: 4   Nursing Horm E OF 28c, INJ WO 1   Y	ACE OF DEATH (Ch  5	PERF.  1 YES  eck only one)  5 Other (Specify)	DAMED? 2 NO VINJURY OCC	AM/CO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUS DEATH?
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K. SINGAL, M.D./1600 CRAIN HIGHWAY, SW #201/GLEN BURNIE, MARYLAND 2106 p2. REGISTRAN'S SIGNATURE who Davidson-Randelle

and the second

PATISTICAL OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITA OF CHAING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNETAL MEMORY AND THE CHAINCAL HAS BEEN SIGNED by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	OF MARYLAND	/ DEPART	MENT OF I	EALTH AND I	MENTAL HYGIENE AREG. NO.	91	21263				
	1. DECEDENT'S NAME (First, Middle, Last)  Mary Theresa		McD	onnell		2. DATE OF DEATH	YFAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	91_	IPLACE (State or Foreign				
	213-03-5146 1 DM 2	(xt 90	YRS,	ONTHS DAYS	HOURS MIN.	2/12/01	Man	ryland				
	9e. FACILITY NAME (If not institution, give street and nurr	ber)	,	b. CITY, TOWN	OR LOCATION OF DE	ATH S	9c. COUNTY OF D					
OR	Stella Maris Hospi	ce					Baltin	nore				
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c CITY	TOWN OR LOCA	TION							
DIRECTOR	MD			timor				10d. INSIDE CITY LIMITS?  X1X YES 2 NO				
AL	10e. STREET AND NUMBER				. ZIP CODE	1	log. CITIZEN OF W					
VER.	4101 1/2 Old York	Road			21218	1	USA					
BY FUNERAL	1 X Never Merried 2 Merried FORCE	CEDENT EVER IN U.S. S? 1 TYES XI GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexicer 2XXNO Specify		Black Specif	- American Indian, t, White, etc. fy: nite				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e.	DECEDENT'S US	SUAL OCCUPATION	ON at all upperions	16b. KIND OF BUSING		11.00				
	Elementary/Secondary (0-12) College (1 Unknown		(Give kind of worlde. Do NOT use			h						
COMPLETED		1	factor	y wor		box mar		iring				
ö	17. FATHER'S NAME (First, Middle, Lest)  Patrick McDonnell					NE (First, Middle, Melden Sur	neme)					
BE	190. INFORMANT'S NAME (Type/Print)	-	19h MAH ING A	DDBESS /Stmat		et Egan						
2	Peter S. Ashton	1	736 E	dmonds	on Ave/	oute Number, City or Town, S Balto. MD	21228					
	20a. METHOD OF DISPOSITION XCXBuriel 2 Cremetion 3 Removal from Si	20b. PLAC	E AND DATE OF	DISPOSITION (Na			TION — City or Too					
	4 Donetion 6 Other (Specify)		ew Cat	<u>nedra.</u>	L 8,	/8/91 Bal	ltimore	e, MD				
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE	Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave/Balto, MD 21228										
	23. PART I. Enter the diseases, or complication	na thet ceused the	deeth. Do not	enter the mo	de of dying, such	as cerdiec or respirate	ory arrest.	Approximate				
	shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Due TO (OP/AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST											
H	d											
PHYSICIAN: MEDICAL	PARTIL Other significant conditions contribut	ing to death but no	t reaulting in		couse given in F		NO.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Chec	tk only one)						
Sic	EXAMINED HOSPITA	L: nt 2 ER/Outpatient		THER	5 Residence 6							
BY PH	1 Natural 5 Pending 2 Accident Investigation	onth, Day, Year)	28b. TIME C	PF 28c, INJ WO 1 1 Y	JRY AT RK? ES 2 H MO	28d. DESCRIBE HOW INJU	RY OCCURED	bor				
	3 Suicide 6 Could not be 4 Homicide determined	ACE OF ANJURY At illding stc. (Specify)	nome, farm, stre	et, fectory, office	e e	28f. LOCATION (Street and a City or John, Steet)	Number or Rurel Ro	Serve Valle R				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one 2 MEDICAL EXAMINER: On the back	pest of my knowledge, is of examination end/o	death occurred a	it the time, date in my opinion, de	end piece, end due t	o the ceuse(s) end menner me, date end place, end du	es stated. ue to the ceuse(s)	end menner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	bun	ee	Cos	1)~09	383	d. DATE SIGNED	Maryl Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE  31. DATE #N.SD. Address. Day. (her)	evel)	U1)-	2304	Won	larview.	Rd-1	morion				
	AUG 6 1991 Julie	Davidson-Ad						21093				

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Pages 1, 2, 3 should

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ID THE HUSPITAL DR ALLENDING PITTSICHAN: THE SAW REQUIRES THAT HE CENTRALE DE EXECUTED WITHIN 24 THOUS ALLES DESIGNED BY THE TROUBLES.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	MIS	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

AUG 6

21264 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) PEARL M. NAGLE 3. TIME OF DEATH MONTH 9:27 R PParl N 9 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAY8 1 - M 2 F Pennsylvania 90-16-0034 BALTIMORE CITY 9e. FACILITY NAME (If not institution, g. 9b, CITY, TOWN OR LOCATION OF DEATH University of Mar DIRECTOR 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pasadena Anne Arundel Maryland 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21122 286 Creek Blvd. United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES X NO Specify:

Specify:

Specify: 1 Never Married 2 Married
3 Wildowed 4 Divorced Specify: White BY COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete during most of working (Give kind of work done life. Do NOT use retired.) Flementary/Secondary (0-12) College (1-4 or 5+) Communications Technician 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Conrad Weakland Anthony Margaret BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21122 Pasadena, Maryland 286 Creek Blvd. Nagle Earl 20a. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, Sista Buriel 2 Cremation 3 Removal from State 1 Buriel 2 Cremellon 3 1 4 Donation 5 Other (Specify) Mem. Park 8/5/91 Md. Glen Burnie, Haven 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mc Cully Funeral Home of Pasadena 3204 Mountain Road Pasadena, Md. 21122 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Betwe ahock, or heart fallure. List only one cause on sech line. Onset and Death **IMMEDIATE CAUSE (Final** disease or condition archogeni resulting in death) 3/15 e 1a CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate terior 5cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST for mitral stegosis PART II. Other aignificant conditions contributing to deeth but not resulting in the undarlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? AND TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 Pinpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH

1 Netural

5 Pending Investigation 4 - Nursi 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO BY 28a. PLACE OF INJURY — Al home, farm, atreet, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of ax igation, in my opinion, death occured at the time, deta end place, and de 296. SIGNATURE AND TITLE OF PERTIFIER Cardiothorage Syrgery Resident Missian BE mot, m.D

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin University of Margla 32. REGISTRAR'S SIGNATURE

after death, Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should emoval.	ileal examiner must be notified at once.	
THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE		STATE OF N	IARYLAND /						MENTAL I	IYGIEN	- apr	91	2126	5
	REGISTRAR			CE	RTIF	ICATE	OF	DEAT	Н		REG. NO.				
	1. DECEDENT'S NAME (First,									2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH	
	GEORGE  4. SOCIAL SECURITY NUMB	DANIE	L OLDS	III  6. AGE (in yrs. les				IF UNDER		AUGUS		199		12:54 P.1	
-1	2069		1 Ø M 2 ☐ F		YRS.	MONTHS I	DAYS	HOURS	MIN.	7. DATE OF (Month, D	ey. Year)	- 1	Countr		n
	9a. FACILITY NAME (II not ins			75	rna.	a) a:=				12-23	<u>-15</u>			RST MASS	
oc	0101					9b. CITY, T	OWN O	R LOCATI	ON OF GE	EATH		9c. COU	ITY OF D	EATH	
힏	9486 GREG	ORY RO	DAD	_		EAST	NO					TAI	BOT		
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?	
5	MARYLAND	TALBO	OT		E	ASTON								1 TES ZXX NO	
	10e. STREET AND NUMBER						10f.	ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?	
BY FUNERAL	9486 GREGORY	ROAD					1 2	21601				U.S			
5	11. MARITAL STATUS	-	12. WAS DECEDEN	T EVER IN U.S. AR	RMED					NIC ORIGIN? (		or No-	14. RACI	- American Indian,	
7	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES		13		2 NO			iri, etc.j		Spec		
				U.S.COA										TE	
COMPLETED	(Specify only	EDENT'S EDU highest grade		/G	CEDENT'S live kind of Do NOT u	work done du	ring mos	IN st of workin	g	16b. KI	ND OF BUS	SINESS/IND	USTRY		
<u> </u>	Elementary/Secondary (0-	-12)	College (1-4 or 5 d	) [		UTIVE	,			- I .	O DO A TO	COD	DITTO	TNEGG	
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	GEORGE D		LDS							, ,			mnn		
BE	19a. INFORMANT'S NAME (7)		בעב	1 40	h MAII IM	ADORESS /	Camera		RGAR	ET HA  Route Number,		ATWA			_
2	JEFFREY PAL		DC												
	20a. METHOD OF DISPOSITI		100			E OF DISPOS			EA	STON.,		CATION —		wn State	
	1 ☐ Burlet 2 ☐ Cremation 4 ☑ Donation 5 ☐ Other	n 3 ☐ Rem	novat from State			y or other place		(14dillo		DATE	200.20	ONITON —	only or re	ATT, OTHER	
	21. SIGNATURE OF FUNERAL		CENSEE DOWN	d Wade,	Dis	22. N	AME AN	D ADDRE	SS OF FA	CILITY C+	1	Anato	mre 1	Board	_
	X marile	111	1 1 1	.u wade, 8/5/9			5 W	Da	l+in	nore S			_		
	Jung	110													
-	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only ona ceuse on each line.									Approximate interval Betw					
	IMMEDIATE CAUSE (Finel													Onset and D	eath
	diseese or condition resulting in deeth)	<b>→</b>	· Wa				مدر(	~	0	re	X			MME	>
			OUE TO	(OR AS A CONSE	OUENCE C	OF):									
NO	Sequentielly list conditi	lons,	b	(OR AS A CONSE	OUENCE C	NES.									
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY		562 10	(On AS A CONSE	OUENCE C	AF J.									
윤	CAUSE (Disease or Inju		CDUE TO	(OR AS A CONSE	OUENCE C	OF):								_	
E	resulting in dasth) LAS	Т													
핑			d												
AL.	PART II. Other significa	nt conditio	ns contributing to	deeth but not i	resulting	in the und	erlying	cause	given in	Part I. 2	e. WAS AN		248	WERE AUTOPSY FINDS AVAILABLE PRIOR TO	NGS
MEDICAL										1	☐ YES 2	00		OF DEATH?	SE.
ME														1 - YES 2 - NO	
8	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF D	EATH (C)	heck only one)					
SIC	YES STATE		1 inpatient 2	ER/Outpatient 3	3 🗆 DOA	OTHER:		• 500 A	esidence	8 🗆 Other (S	Specify)				
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF (Month, E		28b. TII	ME OF 2		URY AT		28d. DESCR	IBE HOW	NJURY OC	CURED		
BY		Pending investigation				М	1 🗆 1	/ES 2 [	] NO						
		Could not be	28e. PLACE C building.	of INJURY — At he otc. (Specify)	ome, farm,	street, factor	y, offic	•			ON (Street Town, State)		or Rural	Route Number,	
ETE	4 Homicide	determined													
P.	(Orlook orny	TIFYING PHYS	SICIAN: To the best of	my knowledge, de	eath occur	red at the tin	ie, data	and place	, and due	a to the cause	(a) and ma	nner aa sta	ted.	. 1 1 2	
COMPLETED	one)	ICAL EXAMIN	ER: On the basis of a	xamination and/or	Investigati	lon, tn my op	inion, d	eath occu	red at the	time, date ar	d place, ar	nd due to ti	ne cause(	a) and manner as state	ed.
ПС	29b. SIGNATURE AND TITLE	OF CERTIFIE	ER					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNE	(Month, Day, Year)	
B	200	6	Cang	M				D	10	225	-	<b>•</b> .	2-	3-91	
12	30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Nos. Print)														

EASTON,

21601

MD.

CARNEY M.D. 509 IDLEWILD AVE.,

STEPHEN P.

31. DATE FILED (MOGIN, Day, 1981/1991

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a furs after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex	xecuted within 2 Surs after death. Page 6 may be retained by the hos	and completely filled in by the funeral director, page 5 should be detache	burial, cremation, or removal.	latic event, the medical examiner must be notified at once.
H H N N E	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buria	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMEN	T OF H E OF	IEALTH DEA	AND	MENTA	L HYGIE	NE	91	21266
	1. DECEDENT'S NAME (First, Middle, Lest) JANES	W	PERRY						2. DATI	E OF DEATH	DAY	YEAR	3. TIME OF DEATH  1:25 P
	4. SOCIAL SECURITY NUMBER 227 16 4411	5. SEX	6. AGE (In yrs. let	st birthday) YRS.	MONTHS	R 1 YEAR DAYS	HOURS	MIN.	JUL	OF BIRTH th, Day, Year) Y 26	1923	Country)	VIRGINIA
TOR	9a. FACILITY NAME (If not institution, give st THE JOHNS HOPK] RESIDENCE OF DECEDENT		TAL			V, TOWN O	ORE	CIT		BALTIMORE CITY			
DIRECTOR	10a. STATE 10b. COUNTY MARY LAND		·-··		Y, TOWN TIMO	OR LOCA	TION			L			0d. INSIDE CITY LIMITS?  [Y YES 2   NO
VERAL	100. STREET AND NUMBER 2402 CALVERTON HI					10	21	216				S. O	AT COUNTRY? F A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	T EVER IN U.S. AF YES 2 WINAR OR DATES	RMED NO	13.	If yee, sp	CENDENT Concept Cube	m, Maxica	in, Puarto	N? (Specify Y Ricen, etc.)	es or No-	Black, 1	- American Indian, White, atc. BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  0-12  2 YEARS  SUPER					during mo	ON ost of working	ng			P. TE	STRY	ONE CO.
BE CON	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maik  JAMES H. PERRY  CASSIE WILSON										·		
10	t90. INFORMANT'S NAME (Type/Print) MRS. EVELYN C. PE		19	6. MAILING 2402	CALV	S (Street o	N HE	or Rurel	Route Nur	ENUE	BALTI		,MD. 2121
	20a_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remains 4 Donetion 8 Other (Specify)	oval from Stale	20b. PLACE	AND DATE	OF DISPO	IAL	PARK	8/5			OCATION — C		BALTO. CO
	22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE BALTIMORE MARYLAND												
	23. PART I. Enter the diseases, or complications that seed the death. Do not enter the mode of dying, such established, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Due to (OR AS A CONSEQUENCE OF):							h es car	diac or res	piratory arre	st,	Approximate Interval Between Onset end Death	
ATION	A. C. i. J. c. i.										_	3 hrs.	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
PHYSICIAN: MEDICAL C	PART II. Other significent condition	a contributing to	death but not	resulting	in the u	nderiyin	g cause (	given in	Part I.	24a. WAS A PERF( 1 TYES	N AUTOPSY DRMED?	0	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only o	ne)			
Y PHYS	1   YES 2   NO   1   Inpatiant 2   ER/Oulpetiant 3   DOA   4   Nursing Home 5   Residence 8    27. MANNER OF DEATH   28e. DATE OF INJURY (Month, Dey, Year)   28b. TIME OF INJURY WORK?							_		INJURY OCCU	IRED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE ( building,	OF INJURY — At he atc. (Specify)	ome, farm,	atreet, fec				28f, LO	CATION (Street or Town, State	t and Number o	r Rural Rou	ste Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE												nd manner as stated.
									SIGNED (M	SIGNED (Month, Day, Year)			

25. WAS CASE REFERRED TO MEDICAL		
1 YES 2 NO	HOSPITAL: 1 Impatiant 2 - ER/Outpetient 3 - DO	OTHER:

31人世日 日世八

2 Accident 3 Suicide 4 Homicide	8 Could not be determined	28e. PLACE OF INJURY — At home, farm building, atc. (Specify)	n, atrast, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	1 CERTIFYING PHYSICIAN		urred at the time, data and place,	end due to the ceuse(a) and manner as stated.

one) 2 MEDICAL EXAMINER: On the basis of examination and/o	or investigation, in my opinion, death occured at the time, data and place, an	d dus to the cause(s) end manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER	29¢ LICENSE NUMBER	204 DATE SIGNED (Month One Wood

ID ADDRESS OF PERSO	N WHO COMPLETED	CAUSE OF DEATH (	TEM 27) (Type, Print)			
Adamat	bttick	Johns	Hopking	Hosp, tol	Tower	110
6 (Month, 1994)	Jula Day	STRAR'S SIGNATURE	82			



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FOR Items; 6&7 Kine G-678 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR F.H. 8/1291 reb CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH S/YEAR 3. TIME OF DEATH PRATER 8 % ELENORA 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 M 27 F 220-14-2157 2 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Maryland
100. STREET AND NUMBER 1 YES 2 | NO Baltimore permit. FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE use as the burial-transit 3706 Eldorado 212070 Avenue U. S. A hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 X Divorced **Black** ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) filled in by the funeral director, page 5 should be detached for on, or removal. COMPL Domestic 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) स्र Rosa Carter Arkwinder Johnson notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Milton Prater 3706 Eldorado Ave. Baltimore, MD 21207 pe 20e. METHOD OF DISPOSITION
1X Buriel 2 Cremation 3 Removal from Stale 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Star Cemetery 8/10 Baltimore Co, MD Western 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 the medical 23. PART I. Enter the disesses, or complications that caused the cleath. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata Interval Between **Onset and Death** IMMEDIATE CAUSE (Final cremation, Carolini disesee or condition resulting in death) signed by the attending physician and completely in Health and Mental Hygiene prior to burial, crematic HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DUE TO (OR AS A CONSEQUENCE OF): Shrk traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Lowil en CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Inluny, ( PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? s certificate has been signed by ith the State Dept. of Health and od, or Item 23 shows any in DSOUD 1 YES 2 NO Delystelin 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) L DIRECTOR: After this cert hours after death with the litem 28 is marked, o 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with t 1 Natural 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 8 Could not be determined 3 Sulcide COMPLETED 4 Homicide 29e. CERTIFIER (Check and 1 ) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER elforblene 29d, DATE SIGNED (Month, Day, Year) BE 201905 8-5-9 2 30. NAME AND ADDRESS, OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LMC CO 2250 3 ELAYO

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

					OF DEATH				
	1. DECEDENT'S NAME (First, Middle, La	at)		11		2. DATE	OF DEATH	w v	3. TIME OF OEATH
	DAV	10	Po	lite		0			11 8:10
	4. SOCIAL SECURITY NUMBER  214 - 62-501  90. FACILITY NAME (If not institution, git	5. SEX 1 1 M 2   F	8. AGE (In yrs. last b	YRS. MONTHS	DAYS HOURS MIN.	(Mont	of BIRTH h, Day, Year)	54 5	BIRTHPLACE (State or For Country) OUTH CAROL
TOR			HOSPIT		ALTIMO!			9c. COUNTY	OF DEATH
DIRECTOR	MAKYLAND 10b. COU	NTY		BAL	TIMORE				10d, INSIDE CITY LIMITS? 1 X YES 2 1
FUNERAL	100. STREET AND NUMBER	2 GROU	E 5T		101. ZIP CODE 21216			10g. CITIZE	S A
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		IT EVER IN U.S. ARME YES 2 NO WAR OR DATES	H	MAS DECENDENT OF HISP/ 1 yea, specify Cuban, Maxic   YES 2 M NO Spec	en, Puerto		or No.— 14	Black, White, etc.  Specify:
COMPLETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed)  College (1-4 or 6 d	(Give	o NOT use retired.)	CCUPATION furing most of working		WERI		
BE CON	17. FATHER'S NAME (First, Middle, Last)	POLITE	JR.		18. MOTHER'S N	IAME (First,		Surneme)	
5	196. INFORMANT'S NAME (Type/Print) JOHN PORTE	JR			SLYN AVE	Route Num	ber, City or Tow	m, State, Zip Co	
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE OF other place	n)	me of cometery, crematory or				y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	+	22.1	NAME AND ADDRESS OF F	ACILITY N	WITE 8	FUNEA	ME HOME, FN
	23. PART I. Enter the diseases, shock, or heart failu	re. List only one cau	use on each line.	th. Do not enter	the mode of dying, su	ich ea cer	diac or reapi	iratory arres	t, Approxime
TIFICATION		a. DUE TO	use on each line.	th. Do not enter  C A L  IENCE OF):	SACI MULC	ich ea cer	diac or reapi	iratory arres	t, Approxime
IEDICAL CERTIFICATION	shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	a. DUE TO  b. DUE TO  d.	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS	th. Do not enter  CAL  JENCE OF):  JENCE OF):	the mode of dying, su SEPSIS	ch ea cer	diac or reapi	I AUTOPSY	24b. WERE AUTOPSY FIT AMULABLE PRIOR COMPLETION OF COF DEATH?
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PLACE OF DEATH (C)  32. Ining Home 6   Residence  28c. INJURY AT WORK?  1   YES 2   NO	n Part I.  Check only o	24a. WAS AN PERFORM 1 YES 2  CATION (Street or Town, State)	AUTOPSY RMED?  E IN NO  INJURY OCCU  and Number of	24b. WERE AUTOPSY FINANJABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETIO



AUG

Julia Davidson-Randers

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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Fi	lm 678, 8/12/91,1t						q	1 21269	
	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN REG. NO.	E	1 21203	
	1. DECEDENT'S NAME (First, Middle, Last)	Porter	EVELYN	PORTER		2. DATE OF DEATH	W YE	3. TIME OF DEATH	
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	91	BIRTHPLACE (State or Foreign	
	216-10-3021			MONTHS DAYS	HOURS MIN.	April 29,1		Illinois	
	9a. " NaME (If not institution, give ema		9b. CITY. TOWN	OR LOCATION OF DE		9c. COUNTY			
OR	ST. Joseph's Hos	pital		·Towsor	1		Ba	1timore	
DIRECTOR	10a. STATE 10b. COUNTY NJ Mount	Union ainside	10c. CIT	Y, TOWN OR LOCA	Mountai	nside		10d. INSIDE CITY LIMITS?	
	10s, STREET AND NUMBER	arnorac	Me		1. ZIP COOF		100 CITIZEN	1 YES 2 NO	
FUNERAL	297 Timberline R	oad	land			7092	US	P 15	
3		12. WAS DECEOENT EVER IN	U.S. ARMEO			NIC ORIGIN? (Specify Yes	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	RACE — American Indian, Black, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			3 2 XXIO Specifi	en, Puerto Rican, atc.) ly:	9	White	
E	15, DECEDENT'S EDUCA' (Specify only highest grade co		(Give kind of	USUAL OCCUPATI		16b, KIND OF BU	SINESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+	Ille. Do NOT u	se retired.)	ousewife	Self	Employ	ed At Home	
SON	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surname)		
BE	William Charles	Fitzgerald				Howard			
10	190. INFORMANT'S NAME (Type/Print)  Madeline Fitzger	a1d		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  700 Oakleigh Road Baltimore, MD 21234					
	20a_METHOD OF DISPOSITION 1	al from State of 6	PLACE AND OAT	E OF OISPOSITION	(Name	DATE 20c. LC	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)	Fā	airview	y or other place) Cemetery			w Jers	ey	
	11. 100				on Funer			21204	
	10000	wef					Baltim		
	23. PART I. Enter the disesses, or con shock, or heart failure. Li	molleations that coused at only one cause on a	the death. Do	not anter the m	ode of dying, aud	ch ea cardlec or reap	Iratory arrest	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition							Onset and Dasth	
	resulting in death) a.	DUE TO (OR AS A	CONSECUENCE	-hailu	re				
-		Pheum							
흔	Sequantielly liet conditions, if any, isading to immediate	DUE TO (OR AS A		OF):					
S	cause, Enter UNDERLYING CAUSE (Disease or Injury				er, lura				
CERTIFICATION	that initiated events	DUE TO OR AS A	A .		sease				
SER	d.	Corener	7/130	7	20025				
AL	PART II. Other significant conditions			1		Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL	Chronic Obstruc	tive Pulme	nay &	Disecra		1 _ YES		COMPLETION OF CAUSE OF DEATH?	
ME I								1 TYES 2 NO	
ä									
PHYSICIAN:		HOSPITAL:	1909 - P - 1911	OTHER:	LACE OF DEATH (C	7 22 11			
₹	1 TYES 2 NO  27. MANNER OF DEATH	1 ☑ Inputient 2 ☐ ER/Outp  28s. DATE OF INJURY	26b, Til		me 5 □ Residence	8 Other (Specify)	INJURY OCCUP	RED	
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY W	ORK? YES 2 NO				
D BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, off	ce	281. LOCATION (Street City or Town, State		Rural Route Number,	
TED	4 Homicide determined					Say Si Town, State	,		
COMPLET	cool only	IAN: To the best of my know							
000		Or the basis of examination	n and/or Investigati	ion, in my opinion,	death occured at th	e time, data and place, a	nd dua to the c	sause(s) and manner as stated,	
BE	29b. SIONATURE AND TITLE OF CERTIFIER		CM		29c. LICENSE NU		29d. DATE S	IONED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH STEM OF SE	o Chinth	D318	26			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RIGHARD L. LINTHICUM Sont 31. DATE FILED (Month, Day, Year)
AUG 6 10 1991

32. REGISTRAR'S SIGNATURE Lia Savidson-Randoss Finac. Wd.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

BALTIMORE, MARYLAND 21215-0020	frours after death. Page 6 may be retained by the hospital or attending physician,	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

		1. DECEDENT'S NAME (First, Middle, Last) EZIO	REBECHI						2. DATE OF DEATH BONTH D	AY	YEAR 91	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 577-42-1244	1 <b>XX</b> M 2 □ F	6. AGE (In y	rs. lest birthday) YRS.	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 09-16-31		8. BIRTHP Country	LACE (State or Foreign
	TOR	90. FACILITY NAME (If not institution, give s 7500 MONTEVIDEO C RESIDENCE OF DECEDENT				JESS		ION OF DE	ATH		ARUI	
	DIRECTOR	10e. STATE 10b. COUNTY	ARUNDEL		10c. CIT	JESSU						10d. INSIDE CITY LIMITS? 1 YES 2 XXWO
	FUNERAL	7500 MONTEVIDEO C					101. ZIP COD				S.A.	HAT COUNTRY?
	BY	11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	XXIO	13, WAS E If yes, 1 🔲 Y	SPECENDENT (SPECIFIC CUB)	OF HISPAN en, Mexican Specify	IC ORIGIN? (Specify Year, Puerto Ricen, etc.)	or No-	14. RACE Black, Specify WHIT	American Indian, White, etc.
	PLETED	15. DECEDENT'S EDU(Specify only highest grade Elementary/Secondary (0-12) 12			OREMAN	early closes during	ATION most of world	ng	SHEET M			
d at once	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) CLAUDE REBECHI				-		HER'S NAI	ME (First, Middle, Meiden	Surname)		
u. examiner must be notified at once.	TO B	190. INFORMANT'S NAME (Type/Print) THERESA REBECHI			7500 N	ONTEVI	DEO CO	or Rural R	JESSUP,		<sup>Code)</sup> 2079	4
er must		20s. METHOD OF DISPOSITION  MX Burlel 2 □ Cremetion 3 □ Remot 4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		SI. L	AWRENCE	CHURCH C	DAIDHDR		8/5/91 JE	SSUP		n, State RYLAND
		LEROY M & RUSSELL C WITZKE FUNERAL HOME 5555 TWIN KNOLLS ROAD COLUMBIA. MD 21045										
al, cremation, or removal.		25-PART I, Enter the disease, or c shock, or heert feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Me-	las.	iine.	Blan			an cardiec or respi	ratory arre	eat,	Approximate interval Batween Onset and Daath
Hygiene prior to burial, or other traumatic e	ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			NSEQUENCE OF							
23 shows any injury, or	N: MEDICAL CEI	PART II. Other significent conditions	contributing to d	eeth but n	ot reaulting li	the underly	ing couse (	given in F	Part I. 24e. WAS AN PERFOR	MED?	â	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
or item 23	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatien		OTHER:	PLACE OF D		ck only one)			
is marked.	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Ybar)	28b. TIME INJU	M 1	NJURY AT WORK?		28d. DEŞCRIBE HOW II	YJURY OCCI	JRED	
28 all	ETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 26e. PLACE OF INJURY — At home, lerm, streel, fectory, office building, stc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)										
얼 #	COMPL	2 MEDICAL EXAMINER	tAN: To the beat of m	y knowledge nination end	, death occurred	d at the time, de	ite end place, death occur	end due t	o the cause(e) end men ime, date end place, end	ner ee state	d. ceuse(e) e	end manner ee stated,
MPORTANT:	TO BE	30. NAME AND ADDRESS OF PERSON WHO	W/K.	(b)	weat	1.0	29c. LICE	31	SS (	DATE	SIONED (M	19
		RUSSELL DeLUCA	MD 300	01 S.	HANOVE		UITE	C604	BALTIMOR	E, MD	21	230
		31. DATUG (Honth, Den 1991	A RESISTANT	n-Hon	مالك							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

21270

REG. NO

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit perm or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permanent of many with the State Debt. of Health and Mental Hyolene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ZEKIA 1955 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS 1 M 2 F 214-84-7640 YRS. 10 20 1969 Virgini 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore County General Hosp Randallstown Baltimore RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY Md. Baltimore Randallstown 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Rosewood State Hospital 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES XXNO Specify: 11, MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 X Never Merried 2 Merried Specify: Black BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Disabled Disabled 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Matt Stephenson Yvonne Tyler 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2805 Balto., Yvonne Stephenson Quantico Ave. Md. 21215 20e. METHOD OF DISPOSITION
1 \( \subseteq \text{Buriel} \) 2 \( \subseteq \text{Cremetton} \) 3 \( \subseteq \text{Removal from State} \)
4 \( \subseteq \text{Donation} \) 5 \( \subseteq \text{Other} \( (Specify) \) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Star Cemetery Catonsville Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md.15 23. PART / Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate shock, or heart feliure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Fine) BSTRUCTION OF SMALL disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY MEDICAL 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ing Home 5 - Residence 6 - Other (Specify) 4 🗌 Nun 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

Thank only

1 
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examin 29b. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A BEGISTHAR'S SIGNATURE 31, DATE FILEO (Month, Day, AUG 6 1991

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT OF H	EALTH AND DEATH	MENTAL HYGIEN		21212
	1. DECEDENT'S NAME (First, Middle, Last)  MR . SANDY E	RVIN SCOTT			2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
	ULLI I	SEX 6. AGE (In yrs. last bir	thday) IF UNDER 1 YEAR		08 0		
		M 2 □ F 26	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	8. BIR Cou	N.C.
TOR	FRANCIS SCOTT I		95. CITY, TOWN OF NTER BAL	TIMORE	EATH	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY	10	BALTIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5003 SCHURB AVI			ZIP CODE 1206	10g. CITIZEN OF WHAT COUNTRY?  U. S. A.		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	It yea, spe-	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No It yes, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify:				
ED	15. DECEDENT'S EDUCAT (Specify only highest grade col		ENT'S USUAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED		College (1-4 or 5+)	ind of work done during mos NOT use retired.) PRK LIFTER		- I Paragraphy - Timest	EN & C(	OMPANY
BE CO	17. FATHER'S NAME (First, Middle, Last) LUKE SCOTT, J	R.		MARY A	ME (First, Middle, Maiden LSTON	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) LISA SHELTON	196. M/ 4 5 7	ALLING ADDRESS (Street and 7 3 DERBY N	d Number or Rural I	Ploute Number, City or Tow ORIVE/BAL	n, State, Zip Code) TIMORE	, MD 21215
	20a. METHOD OF DISPOSITION 1A. Burlai 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	1 from State 20b. PLACE AND Competery, Crownell	DATE OF DISPOSITION (Name of DISPOSITION (Name of DISPOSITION)	FRY		CATION — City of 1	Town, State APIDS, N.C
	21. SIGNATURE OF FUNERAL SERVICE USEN		22. NAME AND	ADDRESS OF FA	CILITY		ORTH AVE.
CERTIFICATION	23. PART L Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease pr condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSEQUEND DUE TO (OR AS A CONSE	MD OF ICE OF):				Approximate interval Between Onset and Death
MEDICAL	PART II. Other algolificant conditions of	ontributing to death but not reeui	ting in the underlying	cauee given in	Part I. 24e. WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLA	CE OF DEATH (Che	ck only one)		
IYS	1 X YES 2 NO X	OSPITAL: Inpatient 2 ER/Outpatiant 3 D			6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	TIME OF 28c. INJUIN WORK	K?	28d. DEŞCRIBE HOW II		
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — At home, fr	2.50a	S 2X NO	SUBJECT 281. LOCATION (Street a		Doube Mumber
빌	4 Homicide determined	sunding, etc. (Specify)	REET		City or Town, State)	RILL RO	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C	: To the best of my knowledge, death on the basis of axamination and/or investigation.	ccurred at the time, data as	nd place, and due	to the cause(s) and man	ner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	00 (6)		29c. LICENSE NUM			(Month, Day, Year)
TO BE	Man F. &	RUL AH M		OCME		▶ 8-4-	
ř	MARIOF. GOLLE J	10 04 (2)	(Type, Print)		RATETMOT		LAND 21201
	31. DATE FILED (Month_Day, Year)	32. REGISTRAR'S SIGNATURE	A ASS	SIKEEL	DWTITMOR	CE, MAKY	LAND ZIZUI
	411G 6 19	91 Julia Davidson-1	and the				

ă.

Joyce

1 - FOR STATE REGISTRAR

Marie

1. DECEDENT'S NAME (First, Middle, Last)

YEAR

1991

3. TIME OF DEATH

> Approximate Interval Between Onset and Death

REG. NO.

2. DATE OF DEATH MONTH

08

			Marie	Joyce			mervi	lle	08 03	199	1 2	:00 P
			4. SOCIAL SECURITY NUMBER		AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE	(State or Foreign
	20		216-36-4019	1 M 2 X F	50	YRS.	NTHS DAYS	HOURS MIN.	Nov. 26, 19	40	Maryl:	and
Or.	Shoul		9e. FACILITY NAME (If not institution, give .	street and number)		91	CITY, TOWN	OR LOCATION OF D		V	Y OF DEATH	illu
9	2, 3 should	DIRECTOR	4 Breslin Cour	t , Apt.		Baltimore						
	1.	[ [ [	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT			40. 0101.0				IDart		
	permit. Pages 1,	<u>E</u>					OWN OR LOCA				10d.	INSIDE CITY LIMITS?
	H.		Maryland Balt	timore		E	altimo					YES 2 X NO
	- ti	RA	4 Breslin Ct., A	ot 2A				f. ZIP CODE			EN OF WHAT	OUNTRY?
	trans	FUNERAL	11. MARITAL STATUS					21237		U.S.	Α.	
15-0020	by the hospital or attending physician.  be detached for use as the burial-transit at once.	B	1 Never Married 2 Married 3 Widowed 4 Divorced	roncest I tes 2 1 NO It ye			It yes, sp	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, atc.)  1 ☐ YES 2 ☒ NO Specify:  Specify:				
215	use as	ETED	15. DECEDENT'S EDU	CATION	16a, DEC	EDENT'S US	JAL OCCUPATION	ON	16b. KIND OF BU		hite	
2121	for us	ᄪ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	e kind of work Do NOT use re	done during mo tired.)	ost of working				
9	ospita thed	COMPL	12	-37	Но	memake	er	Own Home				
A	he hospit detached once.	ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Melden Surneme)					
Z	अ द	BEC	Jerome Joseph DeF	aola			Marie Berkley Geipe					
MARYLAND	5 should		19s. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		(orde)	
Σ	2 10	5	Jerome J. Sommerv	ille					pt.4, Owing			01117
Ä,	page		20e. METHOD OF DISPOSITION				ISPOSITION (No				ty or Town, St	
O	ector, p ector, p		1 Duriel 2 Cremetion 3 Rem	oval from State	cemetery, crem	atory or other	place)		1			de
BALTIMORE, I after death. Page 6 may be by the funeral director, page 4 moval.	Page dire		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	LOITA.	ine Pa	22 NAME AL	etery	8/7/91 Woo	odlawn	, Md.	
						Ruck	Towson F	uneral Hor	ne, In	c.		
BA	d in by the for removal, medical ex		23. PART I. Enter the diseases, or				1050	York Rd.	, Towson,	Md. 2	1204	
.O. BOX 68760,	he dean certificate be executed within 24 hours the attending physician and completely filled in the Mental Hygiene prior to burial, cremation, or religion, or other traumatic event, the media	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	DRUG AS A CONSEOL AS A CONSEOL AS A CONSEOL	JENCE OF):	ICATIO	N				
RECORD	een signed by of Health and shows any Ir	MEDICAL	PART II. Other eignificant condition	s contributing to deat	h but not ra	sulting in th	a undarlying	g cause given in	Part I. 24s. WAS AN PERFOR	MED?	AVAILA COMPL OF DE	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH? 'ES 2 NO
A :	ine law ite has b ate Dept.	IAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Che	ick anty one)			
VIT	certificate h the State (	SIC	EXAMINER?	HOSPITAL:	Outpatient 3	DOA 4	HER:	e 5 ⅓ Residence				
OF VI	d, or	₹	27. MANNER OF DEATH	28e. DATE OF INJUI	RY	286, TIME OF			28d. DEŞÇRIBE HOW II	WILLIBY OCCU	PEO.	
ONO		BY P	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could get be	8-3-91 280. PLACE OF INJ	J.	NKNOWI	M 1 1	RK? 'ES 2 🔀 NO	SUBJECT	TOOK	DRUGS	
DIVISION	DIRECTOR: After hours after death	ETEO	4 Homicide determined	HOME (S	Specify)	,,	, ractory, office		281. LOCATION (Street e City or Town, State) 4 BRESLIN	COURT		mber,
0 ;		COMPL	29e. CERTIFIER CCHOCK only	CIAN: To the best of my ki	nowledge, deat	n occurred at	the time, date	end place, end due	to the cause(s) end men	ner as stated.		
- ALIGODIA	FUNERAL WITHIN 72 TANT: II	ō	MEDICAL EXAMINE	R: On the basis of examin	ation end/or im	restigation, in	my opinion, de	eath occured at the	time, date end place, en	d due to the o	euse(s) end m	anner es stated.
ä		BE	290 SIGNATURE AND TITLE OF CERTIFIER	_ ( ) /	h	1		29c. LICENSE NUM			IGNED (Month,	
F	- 6 -	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	(Type, Prin	<u> </u>	O.C.M.I	1	0.8	0.4	1991
			MARIO F- GOL 31. DATE FILED (MOTEL), Day, Year)	W, JR	11971			et. Ba	Ltimore N	Maryl	and 2	1201
			AUG 6 1991	32/REGISTRAR'S S								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Sommerville

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page of	on the contract of the first of the first of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
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-	1 - STATE REGISTRAR	EGISTRAR CERTIFICATE OF DEATH REG. NO.										
		ZOSTAR	SZOSTAK			2. DATE OF MONTH	DEATH DAY	YEAR 91	700 f			
	4. SOCIAL SECURITY NUMBER $329 - 22 - 8000$	1 1 T 2   F (	E (In yrs. lest birthday) 64 Yns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De JULY 5	BIRTH ny. Year) , 1927	927 S. BIRTHPLACE (State or For Country) PENNA.				
E E	CAURCH HO		4.4	or location of de		9c. COUNTY OF DEATH						
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b. COUN	TY	10c. Cl	TY, TOWN OR LOCA			10d. INSIDE C					
	MARYLAND -  10e. STREET AND NUMBER			BALTIMORE 101. ZIP CODE				10g. CITIZEN OF WHAT CO				
FUNERAL	4106 COLEMAN A	VENUE  12. WAS DECEDENT EVER	IN II e ADMED	21213				U. S. A.				
2	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? YE		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:				Black, White, etc. Specify: WHITI				
וירבובט	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)  NA		(Give kind of life. Do NOT a	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  NAVY					77.2.2.2.2.2.			
COMPL												
100	BARNEY SZOSTAK  190. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	JOSEPH and Number or Rural			Zip Code)				
2	MARGARET M. SZOSTAK (WIFE) 4106 COLEMAN AVE., BALTIN											
	20e. METHOD OF DISPOSITION  1   Burlal 2 Cremetion 3 Re  4 Donetion 5 Other (Specify)	movel trom State	206. PLACE AND DAT of cemetary, cremator MOST HOLY	y or other place)		DATE	BALTIN		- 111-			
CERTIFICATION	Sequentielly list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE O	,, 	jogas C.	7						
: MEDICAL	PART II. Other significant condition	ons contributing to deet	but not resulting	in the underlyin	ng ceuse given in		a. WAS AN AUTOPS PERFORMED?	SY 24b	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch							
PHYSICIAN:	27. MANNER OF DEATH Natural 5 Pending	inpetient 2 ER/O	Y 28b. TI	ME OF 28c. IN	me 5 Residence  JURY AT  ORK?  YES 2 NO		ibe HOW INJURY	OCCURED				
>	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Nown, State)							Route Number,				
TED BY				29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as attentions.								
ETED	4 Homicide determined  29a. CERTIFIER (Check only 1 CERTIFYING PHY	and the second second							a) end manner ee state			
BE COMPLETED	4 Homicide determined  29a. CERTIFIER (Check only 1 CERTIFYING PHY	NER: On the basis of axamina			death occured at the	time, date an	d placa, end due t	o the cause(	e) and manner se state (Month, Day, Year)			
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	NER: On the basic of examina	DEATH (ITEM 27) (7)7	ion, in my opinion,	death occured at the	MBER	d placa, end due t	DATE SIGNED	(Month, Day, Year)			



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c.v. wours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF MARYLAND					10/0	21 21275		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	CIGHTS	ERTIFICA	TE OF I	DEATH	2. DATE OF DI		3. TIME OF DEATH		
						AÜĞÜST				
	212-34-3816	6. SEX 6. AGE (In yrs. In	YRS. MONTI		F UNDER 24 HRS. HOURS MIN.		9 1936	BIRTHPLACE (State or Foreign Country) Maryland		
TOR R	9a. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITAL  BALTIMORE CI									
ទួ	10s, STATE 10b, COUNTY	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland			ltimo	re			LIMITS? 1 XES 2 □ NO		
ERAL	1634 Lil Jones	Court		101.	21237			S. A.		
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED NO	If yes, spec	NDENT OF HISPAN city Cuban, Mexica (2 NO Specifi	n, Puerto Ricen,		4. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementery/Secondary (0-12)	ATION 16a. D (1/2) College (1-4 or 5 +)	ECEDENT'S USUA Give kind of work of fe. Do NOT use retin	L OCCUPATION one during most ed.)	of working	16b. KIND	OF BUSINESS/INDU			
립	11th Grade		lerk			Leon	n's Pig	Pen Company		
8	17. FATHER'S NAME (First, Middle, Last)	7 /			16. MOTHER'S NA					
	Raymond Speight	:S		- 1	Annie	Richa	ardson			
BE	19a, INFORMANT'S NAME (Type/Print)		9b, MAILING ADD	RESS (Street an			ty or Town, State, Zip C	code)		
임	Phillip McDuff					St.	Baltimor			
	20a. METHOD OF DISPOSITION 1 X Buriel 2 □ Cremation 3 □ Remov	val from State other p					20c. LOCATION — CI			
	4 Donation 5 Other (Specify)		itus Me	moria	1 Park		Baltimo	re Co., MD		
3	21. SIGNATURE OF FUNERAL SERVICE LICE  ELMENT	Terry 1	6	2501 Balt	Gwynn Gwynn Gimore,	s Fal.	tter Fur Is Parkw Land 21	neral Homes		
	the opening the party of the second	omplications that caused the dilat only one cause on each lin	death. Do not a							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sant Cell Ac	Impeaseu	noma.	of the	Stoma	6	years		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	eouence of):	Pulmo	of the	Discar		years		
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	contributing to death but not	t resulting in th	e underlying	ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL	ACE OF DEATH (C	heck only one)				
YS	1 TYES 2 NO	Inpatient 2 ER/Outpatient			5 Residence			100		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO						BE HOW INJURY OCCI	JRED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street	, factory, office		28f. LOCATIO City or To	N (Street and Number own, State)	or Rural Route Number,		
COMPLETED	CONTROL ONLY	CIAN: To the best of my knowledge,								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	VC. 40			29c. LICENSE NU	IMBER		SIGNED (Month, Day, Year)		
2	TO HAVE AND ADDRESS OF PEDRON WAS	ACAMM ETED CAUSE OF DEATH OF						11111		

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 8/5/9 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore MD 21205

06

000

lia Davidson

31. DATE FILED (Month, Day, Year)
AUG 6 199

DHMH-16 Rev 1/89

3. TIME OF DEATH 10 A

Maryland

10d. INSIDE CITY 1) YES 2 | NO

9c. COUNTY OF DEATH Howard

BY FUNERAL DIRECTOR

COMPLETED

2

once.

F BE

notified

examiner must be

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traumatic event,

shows any injury, or other

item 23

marked, or

IMPORTANT: It item 28 is

FOR STATE REGISTRAR	STATE OF MARYL		RTMENT (				MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	B.	4	Smi	th			2. DATE OF GEATH DAY
4. SOCIAL SECURITY NUMBER 212-32-3887	5. SEX 6. AGE (	In yrs. last birthday			F UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)  12-22-0
90. FACILITY NAME (If not institution, give atm  LOVIEN NUTS!  RESIDENCE OF DECEDENT	2 /) 1	. b,	96. CITY, TO	OWN OR I	1	ON OF DE	АТН
10e. STATE 10b. COUNTY		10c. C	TY, TOWN OR	LOCATIO	N		- :
Maryland How	ard		Columb	bia			
10e. STREET AND NUMBER		•		10f. Z	P CODE		
5868 Thinder H	Iill Road			1 2	210	45	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 N Widowed 4 Divorced	12. WAS OECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If y		fy Cube		IIC ORIGIN? (Specify Yee on, Puerlo Ricen, etc.)
15. DECEOENT'S EDUC		16a. DECEDENT	'S USUAL OCC		of workin	ю	18b. KIND OF BUSI
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)  omest:				
17. FATHER'S NAME (First, Middle, Last)				1	is. MOTI	HER'S NA	ME (First, Middle, Meiden S
William Bentle	y				Do	ra	Jackson

10g. CITIZEN OF WHAT COUNTRY? U. S. A. 14. RACE — American Indian, Black, White, etc. pecify Yee or No-Specify. **Black** ND OF BUSINESS/INDUSTRY fle, Meiden Sumame) son 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Smith 5868 Thunderhill Road Columbia, MD 21045 20a METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Highland, Maryland Hopkins UM Church Cemetery 2501 GWYNS FAMS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PKWAY- 21216 7.H 1UHen 23. PART I. Enter the diseases, or complications that ceued the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximeta Interval Between **Onaet and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) 10 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO Vascelles COMPLETION OF CAUSE OF DEATH? 1 TYES & TANO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 100 1 | Inpetient 2 | ER/Outpetient 3 | DOA me a Residence a Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 V Netural 5 Per 1 YES 2 NO В 2 Accident Investigat 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide 29a, CERTIFIER 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated 29b. SIGNATURE AND TITLE OF ANTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE S. SASWI 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 14800, SYED SUITE 11 A 20 70 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) Julia Pavidson-Randell

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event,	
item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
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	FOR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH	AND MENTAL	L HYGIENE 9	1 21	277			
	1 - STATE REGISTRAR			ATE OF DEAT		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Leat)	Tark			MONTI	OF DEATH	year 3. TIME	OF DEATH			
	Rose		et Schei		Aug	5, 19		125 Am			
	215-07-6883	□ M 2 🔀 F		UNDER 1 YEAR IF UNDER	Month (Month	of BIRTH 1, Day, Year) 19/18/06	6. BIRTHPLACE ( Country) Maryla				
	9a, FACILITY NAME (If not institution, give street			CITY, TOWN OR LOCATE	ON OF DEATH	9c. CO	UNTY OF DEATH				
DIRECTOR	Caton Manor/Mer	ridian Nu	rsing Cer	nter Ba	ltimore						
ក្ខ	10a, STATE 10b, COUNTY			OWN OR LOCATION			10d, IN	SIDE CITY			
뜽	Maryland Baltimore							MITS?			
٦	10c. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										
ER	1012 Joh Avenue	2			2122	29	USA				
BY FUNERAL		2. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT O	OF HISPANIC ORIGIN	17 (Specify Yea or No-	14. RACE — Ame	ricen Indien,			
E	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cube 1  YES 2 X NO	in, Mexican, Puerto I Specify:	Rican, etc.)	Black, White, Specify:	etc.			
	3 🔀 Widowed 4 🗌 Divorced						W]	hite			
	15. DECEDENT'S EDUCATI (Specify only highest grade con	TON mpleted)	16a. DECEDENT'S USU (Give kind of work	JAL OCCUPATION done during most of working tired.)	ng 16b	. KIND OF BUSINESS/IP	NDUSTRY				
Ш		College (1-4 or 6+)					25 0				
COMPLETED	8th		Seams	stress		lothing	,	cturer			
ပ္ပ	17. FATHER'S NAME (First, Middle, Last)			16. MOT	110	Middle, Maiden Surname)	_				
BE	John Marx					garet Pa					
ဥ	19a. INFORMANT'S NAME (Type/Print)	1.1.1		DRESS (Street and Number				220			
	Marie C. Stewar			Meridene			City or Town, Stat	239			
	1 ☐ Buriel 2 X Cremation 3 ☐ Remove		f cometary, crematory or	natory, I	DAT						
-	4 Donation 5 Other (Specify)  21. SIGNATURE OF PUNERAL SERVICE LICEN		etro crei	Tar NAME AND ADDRE	NC . O/ 5	Dall	rmore, i	ענא			
1	Sery E.	1 Moets	1	22. NAME AND ADDRE	n Socie	ty of Mo	d., Inc	•			
. 9	George E. M	[acNabb		299 Fred	erick F	Road Bal	Lto., MI	D 21228			
	23. PART i. Enter the diseases, or con shock, or hast failure. Lis			enter the mode of dy	ring, such se cen	diac or respiretory a		Approximats			
	IMMEDIATE CAUSE (Fine)	/ 0 .		~/				Donaet and Death			
	disease or condition resulting in death)	Carren	resperatus	gament.				-			
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions,	Ascu	- Andrews								
CERTIFICATION	if sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):								
2	CAUSE (Disease or injury										
E	that initisted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
5	d										
	PART II. Other significant conditions of	contributing to death	but not resulting in t	he underlying ceuse	given in Part i.	24a, WAS AN AUTOPS		AUTOPSY FINDINGS			
ਨੂ						PERFORMED?	COMPL	BLE PRIOR TO ETION OF CAUSE			
Ē						1 120 122 110	OF DEA	ES 2 NO			
2				26. PLACE OF I	DEATH (Check only o	ne)					
IAN: N	25. WAS CASE REFERRED TO MEDICAL		EXAMINER? HOSPITAL: QTHER:								
SICIAN: N	EXAMINER?		tpetient 3 DOA 4	THER:	lesidence 6  Oth	er (Snectiv)	6 Other (Specify)  26d. DESCRIBE HOW INJURY OCCURED				
HYSICIAN: N	EXAMINER?	28a, DATE OF INJURY	tpatient 3 DOA 42	THER: Nursing Home 5 A			CCURED				
Y PHYSICIAN: MEDICAL	EXAMINER?  1	☐ Inpatient 2 ☐ ER/Ou	tpatient 3 DOA 42	THER: Nursing Home 5 A	26d. DE		OCCURED				
BY	EXAMINER?  1  YES 2 X NO  1  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	tpatient 3 DOA 4.  26b. TIME 0 INJUR  3Y — At home, term, stre	THER: Nursing Home 5   R F 28c. INJURY AT WORK? M 1   YES 2 [	26d. DE	SCRIBE HOW INJURY C		mber,			
BY	EXAMINER?  1  YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Dey, Year)	tpatient 3 DOA 4.  26b. TIME 0 INJUR  3Y — At home, term, stre	THER: Nursing Home 5   R F 28c. INJURY AT WORK? M 1   YES 2 [	26d. DE	SCRIBE HOW INJURY O		mber,			
BY	EXAMINER?  1 YES 2 NO  1  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER	Dispetient 2 ER/Ou  28s. DATE OF INJURY (Month, Dey, Year)  26s. PLACE OF INJUR building, etc. (Sp	tpatient 3 DOA 4.  26b. TIME 0 INJUR  3Y — At home, term, streecity)	THER:  Nursing Home 5	26d. DE  NO  26f. LOC  City	SCRIBE HOW INJURY C CATION (Street and Numb or Town, State)	ber or Rural Route Nu	mber,			
BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA)	28a. DATE OF INJURY (Month, Dey, Year)  26a. PLACE OF INJURY building, etc. (Sp	tpetient 3 DOA 4.  26b. TIME 0 INJUR  RY — At home, term, streecify)	F 28c. INJURY AT WORK? M 1 YES 2 [et, factory, office	NO 26f. LOC City	SCRIBE HOW INJURY C CATION (Street and Number or Town, State)	ber or Rural Route Nu				
COMPLETED BY	EXAMINER?  1 YES 2 NO  1  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 6 Could not be determined  294. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	28a. DATE OF INJURY (Month, Dey, Year)  26a. PLACE OF INJURY building, etc. (Sp	tpetient 3 DOA 4.  26b. TIME 0 INJUR  RY — At home, term, streecify)	THER: Nursing Home 5   R  F  Zec. INJURY AT WORK?  1   YES 2   et, fectory, office  at the time, data and place in my opinion, death occur	NO 26d. DE 26d. DE 26f. LOC City a, and due to the caured at the time, dat	SCRIBE HOW INJURY C CATION (Street and Number or Town, State)	ber or Rural Route Nu stated.	nanner as stated.			
BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA)	28a. DATE OF INJURY (Month, Dey, Year)  26a. PLACE OF INJURY building, etc. (Sp	tpetient 3 DOA 4.  26b. TIME 0 INJUR  RY — At home, term, streecify)	THER: Nursing Home 5   R  F  Zec. INJURY AT WORK?  1   YES 2   et, fectory, office  at the time, data and place in my opinion, death occur	NO 26f. LOC City	SCRIBE HOW INJURY C CATION (Street and Number or Town, State)	ber or Rural Route Nu	nanner as stated.  Day, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Warren M. F 31. DATE FILED (Month, Day, Year) Dorsey Hall Ellicott City, Ross Rd. MD 21042

AUG 8 1991



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN		91	21218
200	1. DECEDENT'S NAME (First, Middle, Lest) WOODROW		ELSON, SR.			2. DATE OF DEATH	19	YEAR O.1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	19	P - 100	IPLACE (State or Foreign
i i	194-12-8191-A	1 X M 2 - F 8		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1908	Count	T VIRGINIA
	9a. FACILITY NAME (If not institution, give			b. CITY. TOWN (	OR LOCATION OF DE			WE'S	
TOR	NORTH ARUNDEL HO	OSPITAL		GLEN BU		ANNE ARUNDEL			
FUNERAL DIRECTOR	W.VA RANI	OOLPH		10c. CITY, TOWN OR LOCATION ELKINS					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
AL	10e. STREET AND NUMBER			101	. ZIP CODE				
E	5 RANDOLPH AVE.	5 RANDOLPH AVE.			26241			U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		14. RACE	— American Indian.
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES			2 A NO Specify	, Puarlo Rican, etc.)		Speci	k, Whita, atc.
	3 A widowed 4 Divorced		Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th					Speci	WHITE
COMPLETED	15. DECEDENT'S EDA (Specify only highest grade	JCATION completed)	16a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF BU	SINESS/IND	USTRY	WIIIIE
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	iife. Do NOT use n	etired.)	st or working	WEST VIE	RGINI	A DE	PARTMENT
AP.	12	NONE		CLERK			IIGHW.		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	ME (First, Middle, Maiden		1110	
	LEONDAS	SNE	LSON		COSBY	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		CATT	
BE	19a. INFORMANT'S NAME (Type/Print)	SNE		DDECC /Cross o		oute Number, City or Tow		CALL	
5	LICODDON CNEI CON	TD				I,Glen Bu			21061
	WOODROW SNELSON.				-				
	1 T Burial 2 Cremation 3 Rem	noval from State Cen	o. PLACE AND DATE OF I	place)			CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	B	RICK CHURC	V			TONS	/ILL	E, W.VA.
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 210								
	23. PART I. Enter the dischara, or	compliant one that sever	d the death Decemb	I I SEC	OND AVE.	S.W. GLE	EN BU	RNIE	, MD 21061
	ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ceuse on e	A CONSEQUENCE OF):						Approximate Interval Between Onset and Desth
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	A CONSEQUENCE OF):	<i>D</i>	CATE	(HPDIC	MYC	PAR	
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.						AUTOPSY IMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL			A	100.00				
<u> </u>	EXAMINER?	HOSPITAL:	/ 0	26. PL THER:	ACE OF DEATHORN	ck only oney			11
₹	1 YES 2 NO	1 Inpetient 2 ER/Outp	entient 3 DOA 4	Nursing Nome	5 Residence t	Other (Specify)	1.A	RYN	DEL HOSP
급	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	F 28c. INJU WOI		28d. DESCRIBE NOW I	NJURY OCC	URED	
BY	2 Accident Investigation				ES 2 NO				
- 10	3 Suicide 8 Could not be determined	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, tarm, street, factory, office					and Number	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	ICIAN: To the best of my know	ledge, death occurred a	t the time, date	and place, and due t	o the cause(s) and man	iner as atate	ed.	
								cause(s)	and manner as stated.
8	296. SIGNATURE AND SITLE OF CENTSFIE	74,101		T	29c. LICENSE NUM	BER	29st. DATE	SIGNED	(Morege Day, Yeary)
2	Town 7	2/11/18/11			A183	19	D 7	130	1911
=	30 NAME AND ADDRESS OF PERSON WH					/	7	1	1-1/
	Dr. Anil K. Fatte		laiden Cho	ice Lar	e Balti	more, MD	2122	8 /	/
1	31. DATE FILEAUG 6 1607) 199	32 RIPRISTRAD'S SIGN							1

TO THE HOSPITAL OR ATTEN WAS TROUBLE THE LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: An examination and beneath or the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the Same Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If liem 28 is married, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020

HYSICIAN: The law requires that the death certificate be executed within DIVE TO VITAL RECORDS, P.O. BOX 68760,

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i	TO THE HOSPITAL OR AT MEMBER HYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the t	TO THE FUNERAL DIRECTION TO THE form his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained.	be hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT (	OF HEALTH AND OF DEATH		IYGIENE REG. NO.	91 21279	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	3. TIME OF DEATH	
	LILLIAN E	LIZABETH	(In yrs. last birthday)	MOUSE		<b>монти</b> 08		91 1:05 AM	
	215-24-5063 9a. FACILITY NAME (If not institution, give s	1 □ M 2 💢 F 6:		AYS HOURS MIN.	7. DATE OF I	ly, Your)	8. BIRTHPLACE (State or Foreign Country) MARYLAND		
FUNERAL DIRECTOR	NORTH ARUNDEL HO	CIATION		EN BURNIE	DEATN		A.A. COUNTY		
REC	10a. STATE 10b. COUNTY		10c. CIT	r, TOWN OR	LOCATION			10d. INSIDE CITY	
٥		ARUNDEL	G	LEN BU	JRNIE			1 VES 2 X NO	
RAL	10e. STREET AND NUMBER				101, ZIP CODE			IZEN OF WHAT COUNTRY?	
INE	100 BLISS LANE	12. WAS OECEDENT EVER I	1110 10110	1	21060			.S.A.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific of tops) (1) yes, specify Cuban, Maxican, Puerto Rican, etc. t ☐ YES 2 X NO Specify:			pecify Yea or No— 1, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16a. DECEDENT'S	USUAL OCCL	JPATION	18b. KIN	D OF BUSINESS/INC		
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)			ng most of working				
ЭМС	17. FATHER'S NAME (First, Middle, Last)	NONE	HOMEMA	KER	_		WN HOME		
		IDETRED					e, Maiden Surname)	DOREC	
8E	19a. INFORMANT'S NAME (Type/Print)	HREIBER	19h MAII ING	ACCRESS /S	HILD			ESZES	
5	196. INFORMANT'S NAME (Type/Print)  196. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  SAME. AS 10								
	20a. METHOD OF DISPOSITION  1 to Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  GLEN HAVEN MEMORIAL PARK  8-7 GLEN BURNIE MD								
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	bi.	SIN	ME AND ADDRESS OF F NGLETON FU	NERAL H	IOME	NIE MD 21061	
	23. PART I. Enter the diseasea, or c shock, or heert failure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardias	ach line.	ot enter the	e mode of dying, au	ch aa cardiac	or respiratory arr	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							Seveneth 2/0 geans 2/0 geans	
PHYSICIAN: MEDICAL (	PERFORMEO?  1 YES 2 NO CO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  t  YES 2  NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	atlent 3 DOA	OTHER:	28. PLACE OF DEATH (C				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28d	c. INJURY AT WORK?	_	BE HOW INJURY OCC	CURED	
9 Culaida - 1 286 PLACE OF IM RIDY At home dame day of to the						281. LOCATION	N (Street and Number vn, State)	or Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC ONE) 2 MEDICAL EXAMINER	EIAN: To the best of my knowl	edge, death occurre	d at the time,	on, death occured at the	e Ilme, data end	and manner as ateto	ed. e cause(a) and manner as stated.	
29c. LICENSE NUMBER  29d. DATE SIGNED (Mogift, Day, Year)  DO 4096  8/3/9/									

25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (	Check only one)			
1 YES 2 NO	HOSPITAL: t ☐ inpatient 2 ER/Outpatient		OTHER: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)				
7. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 8 Could not be	28a. PLACE OF INJURY — At the building, atc. (Specify)	nome, ferm, street,	factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

040 96 CHANG, M.D./801 CRAIN HIGHWAY, PAUL J.

SE/GLEN BURNIE, MARYLAND 21061 31. DATE FIRE OF CHIN. CO.

32 AEGISTRAR'S SIGNATURE
JUNE DAVIDSON-Rando \*\*\*\*1991

Sicher: The law require	certicate has been sig	He State Dept. of He	ked, or item 23 shows
J	5	ď	mar.
OR ATTEN	DIRECTOR:	ours efter	lem 28 1s
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR:	filed within 72 hours ofter	IMPORTANT: If Item 28 is marked, or item 23 shows

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFI	OAIL OI	DEATH	> REG. N	O.	
4 3/-17	77		7.1151		2. DATE OF DEATH MONTH		3. TIME OF DEATH
Mabel			nerman		8 2	1991	11:4 <b>3</b> p
4. SOCIAL SECURITY NUMBER 220-05-8288	100	n vrs. leet birthday)  VRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give str	X U	,	Sh CITY TOWN	OR LOCATION OF DI	Nov. 18	96. COUNTY	Maryland
Francis Scott		.1	O 11 1	imore C		Sc. Country	OF BEATH
RESIDENCE OF DECEDENT	9				ıty		-
10a. STATE 10b. COUNTY	And the same		, TOWN OR LOCA		0.0		10d. INSIDE CITY LIMITS?
Md. and Balti	more	Pa	arkvil.	Le .	Wille 1		1 TYES 2 THO
100. STREET AND NUMBER		10g. CITIZEN	OF WHAT COUNTRY?				
1708 Redwood A	12. WAS DECEDENT EVER IN	III C ADMED	I to was per	2123	4 HIC ORIGIN? (Specify	USZ	RACE — American Indian.
1 Never Married 2 Married	FORCES? 1 YES	2 ( NO	If yes, sp	ecify Cuban, Maxica	n, Puarto Rican, atc.)	14.	Black, White, etc.
3 Wildowed 4 Divorced	IF 125, DIVE WAR ON DA	NI ES	1 1 163	2 NO Specif	,	T.	specify: Ihite
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEOENT'S I	ork done during me	DN ast of working	18b. KIND OF I	USINESS/INOUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	•	**		
unknown		Homema	aker		Hon		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid		
James Lennox M  19a. INFORMANT'S NAME (Typo/Print)	larr	top MAII INC	A CORECC /Chart		e France Route Number, City or		
George R. Sherm	220				Baltimo		
20a. METHOD OF DISPOSITION	206	, PLACE ANO OATE				LOCATION — City	
1 □ Burial 25 □ Cremation 3 □ Remo	oval from State	cemetary, crematory	or other place)	,	8-5 Ba		
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF FA	CILITY		C CICY
· 6/1/1/2.6	14		Brad	ey Ash	ton Fune	ral Ho	ome, Inc.
23. PART I. Enter the diseases, or co	Zinatian di d	1 Mar al-ant 10	-		Spring		
	List only one cause on e		ot amer the me	de or dying, suc	m as cardiac or re	spiratory arrest	Interval Between
IMMEDIATE CAUSE (Final disease or condition	Presum	017					Onset and Dea
resulting in daeth)	DUE TO (OR AS A	CONSEQUENCE OF	7:				
-	alyhein	rens De	mente	o			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):				
ceuse. Enter UNDERLYING CAUSE (Disease or Injury	2						
that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:				
Totaling in death) Exer	1						
PART II. Other eignificant conditions	e contributing to deeth b	ut not resulting i	n the underlylr	g cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDING
						FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
			26. P	LACE OF DEATH (C	neck only one)		
25. WAS CASE REFERRED TO MEDICAL				DIOL OF BEATH OF			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	atlent 3 DOA	OTHER:	-15 0000 0	6 Other (Specify)		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		28b. TIM	OTHER: 4 Nursing Hot E OF 28c, IN	-15 0000 0	N -sectional	W INJURY OCCUP	RED
EXAMINER? 1 VES 2 NO	1 Inpatient 2 ☐ ER/Outp	28b. TIM	OTHER: 4 Nursing Hot E OF 28c, IN	JURY AT ORK?	6 Other (Specify)	W INJURY OCCUP	RED
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be	1 Inpatient 2 ☐ ER/Outp	28b. TIMI INJ	OTHER: 4 Nursing Hot E OF 28c, IN URY W 1	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO	et and Number or	Reral Route Number,
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Outp	28b. TIMI INJ	OTHER: 4 Nursing Hot E OF 28c, IN URY W 1	ne 5 Residence JURY AT DRK? YES 2 NO	6 ☐ Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Stre	et and Number or	
EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation  2   Accident   Suicide 6   Could not be determined  29a. CERTIFIER (Check only 1   CERTIFYINO PHYSIC	1 Inpatient 2 ER/Outp	29b. TiM INJ 	OTHER: 4   Nursing Hot E OF 28c, IN URY M 1	ne 5 Residence JURY AT JRKY 7 NO De	6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	et and Number or ate)	Rurel Route Number,
EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation  3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only 1   CERTIFYINO PHYSIC	28a. DATE OF INJURY  28a. PLACE OF INJURY  building, etc. (Specials)	28b. TiMinJ  — At home, farm, solily)	OTHER: 4   Nursing Hot E OF   28c. Ni URY     1     Interest, factory, officed at the time, dat	JURY AT JRY STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Size City or Town, St  to the cause(a) and	net and Number or ste)	Rural Route Number,
EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation  3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only 1   CERTIFYINO PHYSIC	28a. DATE OF INJURY /Advanta Community  28a. PLACE OF INJURY /Advanta Community  28a. PLACE OF INJURY building, etc. (Special Community)  CIAN: To the best of my know  R: On the besta of examination	28b. TiMinJ  — At home, farm, solily)	OTHER: 4   Nursing Hot E OF   28c. Ni URY     1     Interest, factory, officed at the time, dat	JURY AT JRY STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	2ed. DESCRIBE HO 2ed. DESCRIBE HO 2ef. LOCATION (Sinc. City or Town, St 2 to the cause(a) and a time, data and place	manner sa stated.	Rural Route Number,
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	28a. DATE OF INJURY /Advanta Community  28a. PLACE OF INJURY /Advanta Community  28a. PLACE OF INJURY building, etc. (Special Community)  CIAN: To the best of my know  R: On the besta of examination	At home, farm, a	OTHER: 4   Nursing Hot E OF   28c. Ni URY     1     Interest, factory, officed at the time, dat	JURY AT ORK? YES 2 NO	2ed. DESCRIBE HO 2ed. DESCRIBE HO 2ef. LOCATION (Sinc. City or Town, St 2 to the cause(a) and a time, data and place	manner sa stated.	Rural Route Number, sauce(a) and manner as stated.
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINE	28a. DATE OF INJURY 28a. PLACE OF INJURY building, etc. (Special Control of the best of my known)  CIAN: To the best of examination	28b. TiMi INJ — At home, farm, s ledge, dasth occurre n and/or investigatio	OTHER: 4   Nursing Hot EOF 28c. IN W M 1   Intrest, factory, office and at the time, det n, in my opinion,	JURY AT ORK? YES 2 NO	2ed. DESCRIBE HO 2ed. DESCRIBE HO 2ef. LOCATION (Sinc. City or Town, St 2 to the cause(a) and a time, data and place	manner sa stated.	Rural Route Number,
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINEI  29b. SIGNATURE AND TYLE OF CERTIFIER	28a. DATE OF INJURY 28a. PLACE OF INJURY building, etc. (Special Control of the best of my known)  CIAN: To the best of examination	28b. TiMi INJ —At home, farm, a sify) Hedge, death occurre in and/or investigatio	OTHER: 4   Nursing Hot E OF	JURY AT ORK? YES 2 NO	2ed. DESCRIBE HO 2ed. DESCRIBE HO 2ef. LOCATION (Sinc. City or Town, St 2 to the cause(a) and a time, data and place	manner sa stated.	Rural Route Number,

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10	+	1

	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPARTM	ENT OF	HEALTH AND	MENTAL H	IYGIEN		1	21281
	DECEDENT'S NAME (First, Middle, Last)	FRANK		PH SZAL			2. DATE OF MONTH JULY	DEATH	<u>*</u>	1991	3. TIME OF DEATH 7:00 P
	A SOCIAL SECURITY MILMORE					7. DATE OF 8 (Month, De 11-08	BIRTH		8. BIRTH	PLACE (State or Foreign	
10R	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF  2225 MT. HEBRON DRIVE  ELLICOTT CIT						DEATH	EATH			
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MARYLAND  I	HOWARD		ELLIC							10d. INSIDE CITY LIMITS? 1  YES 2 X NO
FUNERAL	10e. STREET AND NUMBER  2225 MT HEBRON DE					21043			U.	S.A.	WHAT COUNTRY?
ED BY FU	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES  1 YES, 2 X NO Specify					en, Puerto Ricer	pecify Yee n, etc.)	or No—	14. RACE Black Specif	- American Indian, While, etc.	
COMPLETE	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+) 5+	(Gi	CEDENT'S USUA him kind of work do DO NOT use retin NGINEER	one divina m	ON ost of working	16b. KIN	O OF BUS		OUSE	
BE CO	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N	AME (First, Middle	e, Maiden S	Sumeme)		
70	JEAN McCORMICK (	FRIEND)		205 KA		end Number or Rural	Route Number, C				0707
	20s_METHOD OF DISPOSITION 1.A Duriel 2 Cremetton 3 Remo		20b. PLACE A	AND DATE OF DISI Matory or other pla DABERTS	POSITION (N.	ame of	OATE 20c. LOCATION — City or Town, State SCHENECTADY, N.Y.				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Mu-S	lwis		LEROY	THIN KNO	SSELL (	C. WI	TZKE	FUN	ERAL HOMES D. 21045
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that call is only one cause of DUE TO (OR A	Cool	eth. Do not en	ter the mo	ode of dying, aud	ch as cerdisc	or reapir	etory arr	eat,	Approximata interval Between Onaet and Daath
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR A	AS A CONSEC	DUENCE OF):						·	Yh,
CERTIFI	thet initieted events resulting in death) LAST	DUE TO (OR A									
MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 2  Congative Conditions of the Conditions of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the University of the Univer							WAS AN A PERFORM	ED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
YSICIAN:		HOSPITAL:	Outpatient 3	DOA 4 DI	ER:	ACE OF DEATH (Ch		iclfy)			
ву рну	27. MANNER OF OEATH  28e. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY 28c. INJURY AT WORK?					28d. OESCRIB		JURY OCC	UREO		
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJI building, atc. (5	JRY — At hon Specify)	ne, ferm, street, f	actory, offic		28f. LOCATION City or Tox	l (Street en vn, Stete)	d Number	or Rural Ro	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURS 1 MEDICAL EXAMINER	IAN: To the best of my kr	nowledge, des atlon end/or Ir	ith occurred at th	e time, date ry opinion, d	end place, end due	to the cause(e)	end menn place, end	er ee state	ed. e ceuse(e)	end menner se stated.
TO BE	295. LICENSE NUMBER 29d. DATE S/GNEO (Month. On. Visc.						Month, Day, Year)				

THE CAUSE OF DEATH (ITEM 27) (Type, Print)

MITZI MARGOLIS M.D. 70 PAINTERS MILL ROAD, OWINGS MILLS, MARYLAND F 21117

22. REGISTRAR'S SIGNATURE AUG 6 1991

DHMH-16 Rev 1/89

Emer 21-11Me-570 -

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21282 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last	ADA FRA	ANCES	SMI	тн		2. DATE OF DEATH MONTH AUGUST	AY 1001	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1991	BIRTHPLACE (State or Foreign
	218-22-0336	-	39	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give	street and number)		-	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	LARYLAND OF DEATH
DIRECTOR	MERIDAN MIDSING HOME								LTIMORE
RE	10a. STATE 10b. COUN	TY		t0c. Ci1	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	MARYLAND				BALTIN	IORE			LIMITS?
FUNERAL	100. STREET AND NUMBER 122 SOUTH COLLING	C ATTENTION			10	f. ZIP COOE		tog. CITIZER	OF WHAT COUNTRY?
NE	12.2 SOUTH COLLIN:					21229			S.A.
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X	MED IO	II yes, sp	DEENDENT OF HISPA Decity Cuben, Maxico 3 2 XNO Special	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) fy:	a or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
8	15. DECEDENT'S EO	UCATION	16a. OE	CEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDIES	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12) 10	College (1-4 or 5+)		Do NOT u	work done during mo e retired.) IFF	ost of working	N. SW. S		
OM	17. FATHER'S NAME (First, Middle, Last)			OD LINE		18 MOTHER'S NA	ME (First, Middle, Maiden	HOME	
BE C	HENRY HOWARD BA	KER					HA JANE HO		HEVD
TO B	19a. INFORMANT'S NAME (Type/Print) MARTHA F. KELLY	(DAHOUMED)				and Number or Rural	Route Number, City or Tow	n, State, Zip Co.	
	20a. METHOD OF DISPOSITION	(DAUGHTER)			DENTH AV		TIMORE, MAR		21234
	t 🕅 Burial 2 🗆 Cremation 3 🗆 Ran 4 🗆 Donalion 5 🗆 Other (Specily)	noval from State	E'ADOT	VKIL(	E MEMOR	IAL PARK	1	SEY, MA	or Town, Stata RYLANI)
	21. SIGNATURE OF FUNERAL SERVICE L	OBVINIUS /			22. NAME AL	NO ADORESS OF EA	CHITY		FUNERAL HOMES
	/ undany	MERTO	1100	)	1630	EDMONDSO:	N AVENUE C	ATONSV	ILLE, MD, 21228
	23 PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	rist only one cense on a	sech line.			1		iratory arreat	Approximete Interval Between Onset and Death
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
Ö	PART II. Other significant condition	ns contributing to death I	hut not w	autilea l	e the residual				
<u>S</u>		to death t	out not re	auting i	n tne underlying	g cause given in	Pert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							1 TYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
									t TYES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	ack anly age)		
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3	DOA	OTHEM!	e 5 🗆 Rasidenca			
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation					RK? /ES 2 NO			
	3 Suicide 6 Could not be determined	25a. PLACE OF INJURY building, etc. (Spe-	f — At hon	ne, farm, s	treet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or R	tural Route Number,
COMPLETED	29s. CERTIFIER (Check only one)	ICIAN: To the beat of my know	rledge, dea	th occurre	d at the time, date	and place, and due	to the cause(s) and man	ner as stated.	
S I	2 MEDICAL EXAMINE	ER: On the basis of axaminatio	n and/or In	rvestigatio	n, in my opinion, de	eath occured at the	time, data and place, an	d dua to the ca	use(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Ment		hu	D	DI29	6 7	29d. DATE SIG	SNED (Mgrith, Day, Year)
٤	JOHN H. SHAW M.					TONGUTT	E, MARYLAND	0105	0
	AUG 6 1991	JA REGISTRAT'S SIGN	Ringle	W.	VERTOE, OA	TONOATPT	E, MAKYLANI	2122	ď

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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n 72 hours after death with the State Dept. of Health and Mental Hygiene profession to removal.	T: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	_
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	1 - STATE REGISTRAR	STATE OF MARYL		RIMENT OF		D MENT	AL HYGIEN REG. NO	-	4	1283
	1. DECEDENT'S NAME (First, Middle, Last)			TOXIL OF	DEATH		E OF DEATH		3. TIA	AE OF DEATN
	MAY		THO	CKER		08	-		91 4	:26 a <sup>M</sup>
	4. SOCIAL SECURITY NUMBER	11	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DAT	E OF BIRTN	Α.	BIRTNPLACE	(State or Foreign
	213-76-4321	1 D M 2 X F 8	8 YRS.	MONTHS DAYS	HOURS MIN	. (Mo)	- 09-0	3	MD	
_	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEATN	
DIRECTOR	1027 CATHEDRAL STREET BALTIMORE									
E C	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c, CIT	Y, TOWN OR LOC	TION				104.4	NSIDE CITY
뜸	MD		BAI	TIMORE	, MD					IMITS?
	10s. STREET AND NUMBER		- 111	1	of. ZIP CODE			10g. CITIZEI	N OF WHAT C	
FUNERAL	1027 CATHEDRAL	. STREET A	PT. 11K		212				.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	CENDENT OF NIS	PANIC ORIG	IN? (Specify Yes	or No — 14	. RACE — Am	perican Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 Tyes, a	S 2 NO Spi		Rican, atc.)		Specify: W	
	15. DECEDENT'S EDUC	ATION	Down and the same							
	(Specify only highest grade of	completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	WSUAL OCCUPAT work done during ri se retired.)	ON ost of working	16	b. KIND OF BUS	SINESS/INDUS	TRY	
PLI	8th Grade	Collega (1-4 or 5+)		bled						
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Un	den oven			18. MOTHER'S	NAME (First.	tink his	Sumame)		
BE C	01	KHOWH					unknov	wn		
TO B	19a, INFORMANT'S NAME (Type/Print)	ED	19b. MAILING	ADDRESS (Street	and Number or Ru	ral Flourte Nyr	nber City or Toy	State Zip Co	ocip) A	
-	TIMOTHY J. TUCK	ER	715 P	AIGE C	IKCLE/	RFLA	IK, M	0 210	14	
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Remove	val from State	PLACE AND DATE	OF DISPOSITION (A	ame of	DA	TE 20c. LO	CATION — City	y or Town, Sta	rta
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		refery, cremzialy 01				1	Lansd	owne,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	The contract of			ND ADDRESS OF					
	June 100	Will		WM.	.MARCH	f.H	1./110	1 E.	NORT	H AVE.
	23. PART I. Entar the diseases, or co ahock, or haart failure. L	omplications that cause	d the desth. Do i	not antar tha m	oda of dying, s	uch as ce	rdiac or raspi	ratory screat		Approximata
	IMMEDIATE CAUSE (Final	iot omy ona cause on a	acii mia.							ntarvsi Between Onset and Daath
	disease or condition resulting in death)	HYPERTEDSH	/E ARTER	10 scier	TIC CA	RPIOV	ASCULA	R PISI	EASE	
		DUE TO (OR AS A	CONSEQUENCE OF	F):						
CERTIFICATION	Sequentisity list conditions, b.	DIJE TO (OR AS A	CONSEQUENCE OF	5.						
AT	if any, lasding to immediata cause. Enter UNDERLYING	000 10 1011 100 1	CONSCOUENCE OF	7).						
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):					<del>-</del>	
	reaulting in death) LAST								1	
ᅙ	PART II. Other aignificant conditions	contributing to death b	us not reculting	in the condestate						
DICAL	PERIONERA	HL VASCULI	AK OISI	In the undaright	g cause given	in Part I.	24a. WAS AN PERFOR	MED?	AVAILA	BLE PRIOR TO
9		VA SCOOL	die Aras				1 🗌 YES 2	XNO	OF DE	ETION OF CAUSE ATH?
. ME							INGUI	KY	1 🗆 Y	ES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 0	LACE OF DEATH (	Chaok ont.			l	
PHYSICIAN:		HOSPITAL:	atlent 3 DOA	OTHER:	X					
主	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN	JURY AT	_	SCRIBE HOW IF	JURY OCCUR	ED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YES 2 NO					
	3 Suicide 8 Could not be	26s. PLACE OF INJURY building, etc. (Spec	— Al home, larm, a	treet, factory, offi	.0	281. LO	CATION (Street a	nd Number or I	Rural Route Nu	imber,
	4 Nomicide determined		,			City	or Town, State)			- 3
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my know	ledge, death occurre	ed at the lime, date	and place, and d	lue to the ca	use(a) and man	ner as stated.		
O	one) 2 MEDICAL EXAMINER	On the basis of examination	n and/or Investigatio	n, in my opinion,	lasth occured at I	he time, dat	and place, and	d due to the co	ause(a) and m	anner as stated.
BE C	206. SIGNATURE AND TITLE OF CERTIFIER	100/7	Û		29c. LICENSE N		1		GNED (Month,	
TO B	monot y	Jally (1)	Mox		OCME			▶8-4-		
F	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type,	Print)						
	MARIO F. GOLLE	11.8	111 N.	PENN S	REET BA	LTIM	DRE MAR	YLAND	21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							
	3110 e 100	a familia	5	- 13						
	AUG 0 100	1 June Harrier	Sal and Landon	200						DNMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANC TO THE HOSE TO THE FLORE De filed

	burial-transit permit, Pages 1, 2, 3 should	
JAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	must be notified at once.
ecuted within 24 hours after death. Page	and completely filled in by the funeral direction burial, cremation, or removal.	The 2s is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
requires that the death certificate be ex	WELLOR: After this certificate has been signed by the attending physician and completely fill the state Dept. of Health and Mental Hygiene prior to burial, cremation.	shows any injury, or other traum:
OR WITTINDING PHYSICIAN: The law	CHELTOR: After this certificate has by	Hur 28 is marked, or item 23

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	F HEALTH AND	MENTA	L HYGIEN		1 4	.1204
	1. DECEDENT'S NAME (First, Middle, Lest)  MARTE, T.	TRENTLER				2. DATE	OF DEATH	<b>5</b> , 198	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YE		7 DATE	OC DIOTH	6.	BIRTHPLA	CE (State or Foreign
	217-01-6899	1 □ M 2 □XF 89	YRS.	MONTHS DAY	A HOURS MIN.	JAN	h, Day, Year)	1902	Country)	MD.
~	9a. FACILITY NAME (If not institution, give str			96. CITY, TOV	VN OR LOCATION OF	DEATH		9c. COUNTY	OF DEAT	н
DIRECTOR	4216 1/2 SILVER	SPRING RD.		PI	ERRY HALL			F	BALTI	MORE
E C	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c CD	Y, TOWN OR LO	CATION				1	
뜽	MD. BA	LTIMORE	100.01	PERRY					1	1. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	DI IIIORE		I DICKI	10f. ZIP CODE			40- 017175		YES 2 NO
1	4216 1/2 SILVE	R SPRING ROA	D		2112	8			S.A	
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS	DECENDENT OF HISP	ANIC ORIGI	17 (Specify Ver			American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2X NO	If yes	specify Cuben, Maximum YES 2 X NO Spec	cen, Puerto	Ricen, etc.)	14.	Black, WI	hite, etc.
BY	3 🔀 Widowed 4 🗌 Divorced			1	LEG ZAJ NO Space	sny.			Specify:	WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION Ompleted)	16e. DECEDENT'S	USUAL OCCUP	ATION most of working	168	. KIND OF BU	SINESS/INDUS	TRY	WHITE
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)						
MP	N/A	N/A	HOMEM	AKER			OW	N HOME		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First,	Middle, Malden	Surname)		
BE	GEORGE HOWARD					ES WE				
5	19a. INFORMANT'S NAME (Type/Print)	\ ***********			et and Number or Rura					21128
	DOROTHY KRAUS (D	AUGHTER)			2 SILVER	SPRIN				
	1 St Buriet 2 Cremetion 3 Remove	ral from State 20b.	PLACE AND DATE Hery, cremators of C	OF DISPOSITION	(Name of	OAT		CATION - City		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		BALII	-		1		ALTIMO	•	MD.
	- 5	P	~	/ 22. NAM	HIMUNEK	FUNER	AL HOM	E INC.		
	Cigene	J. Lan	ne	A 97	05 Belain	r Roa	d, Bal	to. Md	. 21	236
NOI	23. PART I. Enter the disesses, or egshock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentielly list conditions,	Cerebroverc	COMSEQUENCE O	ceiden	<b>√</b>		300 Ot 18891	Tatory errest		Approximate Interval Between Onset and Death Martin
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A		47.0						
ERT	resulting in deeth) LAST			A.						
MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting	in the underly	ring cause given in	n Part I.	24s. WAS AN PERFOR	MEO?	COM OF C	E AUTOPSY FINDINGS LABLE PRIOR TO PILETION OF CAUSE DEATH?  YES 2 NO
X	29. WAS CASE REFERING TO MEDICAL			26	PLACE OF DEATH /C	hick only on	e)			
PHYSICIAN:		HOSPITAL:	ment 3 [] DOA	OTHER:	iome 5 Mesidence	enercialistical studiosco.etc				
ξ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM	E OF Zéc.	BLRIFTY AT			JURY OCCUR	PD PD	
BY	1 Returni 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK?					
	3 Succide 6 Could not be determined	26e. PLACE OF INJURY - building, etc. (Tipecit	At home, farm, s	freet, fectory, o	Mice	28f. LOC. City	ATION (Street a or Yown, State)	nd Number or A	lurar Route	Municipal;
COMPLETE	29a. CENTIFER 1 CERTIFYING PHYSICIA (Check only (MA)) 2 MEDICAL EXAMINED	AN: To the best of my knowle	dge, death occurs and/or investigatio	d at the time, d	ate and place, and du	e to the cau	se(x) and man and place, and	ner as stated. I due to the ca	use(s) and	manner as stated.
BE	296. SIGNATURE AND THE OF CERTIFIER				29c. LICENSE NU			29d. DATE BK	INED (More	th, Day, Year)
2	aut				1)-1	104	/	15A	tus	91
-	MARK	LEAV&Y, M.			7600 OSLE	R DRI	VE, TO	WSON,	MD.	
	31. DATE FILEAUG PH YOU'S 1991	32. REGISTRAR'S SIGNAT	N-Rando DO							

permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-no	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled thours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or
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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Thomas 6 25 Pm AMES 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. SEX 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 4618118 MONTHS DAYS HOURS 1 4 M 2 | F YRS. Feb 17 1920 North Carolin Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Baltimore RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a STATE 10c. CITY, TOWN OR LOCATION 1 YES 2 NO Maryland Baltimore FUNERAL 10f. ZIP CODE 10a STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 2309 Ocala Avenue 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, stc. 1 Never Merried 2 Merried 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Cement Finisher Whitting & Turner once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumerne) notified at John McClenan Glennie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2309 Ocala Ave. Margie Thomas Baltimore, MD 21215 must be 20e. METHOD OF DISPOSITION
1 X Burial 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Woodlawn 4 ☐ Donation 8 ☐ Other (Specify) Cemetery Baltimore County 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE /elm 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximats interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disesse or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, CARCIN OMA traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury Curvic Clistuitin Ummay Discose or other OUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL апу 1 YES 2 NO OF DEATH? Shows 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 Inputient 2 - ER/Outpatient 3 - DOA OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 THO 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 8 Could not be COMPLETED 4 Homicide 28 item 29e. CERTIFIER

(Chack and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. THE HOSPITAL C THE FUNERAL D filed within 72 ho TO THE HOSPITA
TO THE FUNERAL
BE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of ex on and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Ybar) BE Attendin 29 91 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) alt, mu, MARVIN 5, OMBY, 21202 31. DATE FILED (Month - Day Year) 32. REGISTRAR'S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICAIL OI		110	G. NO.		
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH
VICTORIA R. VI	TTELLO				MONTH	DAY	YEAR	6:48P
4, SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNOER 24 HRS.	7. DATE OF BI		8. BIRT	HPLACE (State or Foreign
215-07-0028			MONTHS DAYS	HOURS MIN.	(Month, Day,		Coun	(try)
	13	)				29,191		
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	DEATH	9c. C0	DUNTY OF	DEATH
MERCY HOSPITAL			BALTI	IMORE			-	Hall (Rate
RESIDENCE OF DECEDENT								
10a. STATE 10b. COUNT	Y		Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
MARYLAND		B	ALTIMORE	E				1 X YES 2 NO
10e. STREET AND NUMBER			10	DI. ZIP CODE		10g. C	CITIZEN OF	WHAT COUNTRY?
4100 PARKSIDE DR	IVE			21206			TT	S. A.
11, MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 346 05	CENDENT OF HISPA	NIC OBICINS (C-	aalfu Vaa as Na		
1 Never Married 2 Married	FORCES? 1 YES	S 2 XNO	If yes, s	pecify Cuban, Mexic	an, Puerto Rican,			CE — American Indian, ck, White, alc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 YE	S 2XXNO Spec	Hy:		Spe	city: WHITE
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NA	NA	SEAMS	TRESS		TAI	LORING	CO.	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle	, Maiden Surname	e)	
DOMINIC VITTELLO				GENTIL	A LOMBA	RDI		
19a. INFORMANT'S NAME (Type/Print)		405 44411 1511	ADDRESS (O				76.0	
JEAN P. BECHTEL	(DCHTR)			and Number or Rura				
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4 Donation 5 Other (Specify)	D D	ULANEY WAY	LLEY ME	MORIAL G	ARDENS	TIMON	IUM,	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE L		1						
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TO THE HOSPITAL OR ATTENDINGS HYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: Alexantic certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to find within 22 hours after delivering the first the Course and the Course of the first the Course of the first the Course of the first the Course of the first the Course of the first the Course of the first the Course of the first the Course of the first the Course of the first the Course of the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the fi	imPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / D	EPAR	TMENT	OF H	EALTH	AND M	MENTAL	HYGIEN REG. NO.	E 9	1	21281
	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND A. VARI	EUR					DLA		2. DATE O	F DEATH DA		YEAR	3. TIME OF DEATH 4:10 P
	4. SOCIAL SECURITY NUMBER 369-26-6568	NX M 2 □ F	(In yrs. lest b	irthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	07 7. DATE OF 09/2	30 BIRTH 2/26		BIRTH COUNT ICH	PLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give s 8608 SPRUCE RUN RESIDENCE OF DECEDENT				9b. CITY			ON OF DEA			9c. COUN HOWA		EATH
DIRECTOR	MARYLAND HOWA				r, town o								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	8608 SPRUCE RUN	COURT					ZIP CODE 1043				U.S.		HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1XX YES IF YES, GIVE WAR OR I WW II	2 NO	D	1 1	t yes, spi	ENDENT O	F HISPANICA, Mexican, Specify:	C ORIGIN?	Specify Yes en, stc.)	or No—		— American Indian, , White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	16e. DECEI (Give iite. Do SALE	kind of w	rork done ( e retired.)	during mos	N st of workin	g			AILRO		
BE COM	17. FATHER'S NAME (First, Middle, Last) ARTHUR VARIEUR		OHEE	5 112	111710			ER'S NAME	E (First, Mid	dle, Maiden :		AD	
TO E	190. INFORMANT'S NAME (Type/Print) BETTY ANN VARIE	UR (WIFE)	19b. N 86	AAILING 08 S	ADDRESS	(Street a	UN C	or Rural Ro			CITY		21043
0 0	20a, METHOD OF DISPOSITION 12 ABurlet 2 Cremation 3 Remo	ovat from State	b. PLACE AND melery, cremat	DATEO	FDISPOS ber placel	TETE	ne of RY	8	DATE 3/2/9		EATION — CI		rn, Stata TY, MD
	21. BIONATURE OF FUNDANCE SERVICE LIC	Sugar			16:	30 E	DMONI	DSON	AVE	CATO	NSVIL	LE,	AL HOME MD 21228
CERTIFICATION	23. PART I. Enter the diseasea, or c shock, or heert tailure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	C LUM A CONSEQUE	ence of	ance on		de ot dylr	ng, such	as cardie	c or respir	atory arre	st,	Approximate interval Between Onset and Deeth I Evanually b needs
PHYSICIAN: MEDICAL CE	PART II. Other algoriticant conditions	contributing to deeth b	out not resu	ulting in	the un	derlying	ceuse g	iven in Pa		PERFORM	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	patient 3 🗆		OTHER	:		ATH (Check	k only one)	pec/fv)			
ВУ РН	27. MANNEBOF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		8b. TIME INJU	OF PRY M	28c. INJU WOR 1   YI	RY AT	2			JURY OCCU	RED	
ETE	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spec	cny)						City or 1	own, State)	d Number or		ute Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my know	ladga, death n and/or inves	occurred	at the tir	ne, data a Inion, de	nd place, a	and due to	the ceuse(	a) and mann I placa, and	er se stated	Cause(s)	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ms						3509	ER		29d. DATE S	SIGNED (	Month, Day, Year)
	Milhrlus Rowiela	,	Mun, t	3 /42	erine)	421	( W	um	bin r	402	1040	4	
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32. REGISTRAR'S SIGNATURE

-		1 - STATE REGISTRAR	STATE OF MA					EALTH AND	MENTAL	HYGIEN REG. NO		J 1	21200
- 1		1. DECEDENT'S NAME (First, Middle, Last)					_		2. DATE C	F DEATH			3. TIME OF DEATH
			NITA		V	ARFIE	LD		08	o	2	91	11:38 AM
		4. SOCIAL SECURITY NUMBER		. AGE (In yrs. in	st birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		6. BIRTI	IPLACE (State or Foreign
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	<u> </u>	15. DECEDENT'S EDUCA	ATION	16+ D	ECEDENT'S	USUAL OCCL	DATIO	M4	1 404		1		WHITE
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t, the medical		23. PART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one ceuse	on each line	eeth. Do n	ot enter the	moi		0			est,	Approximate Interval Batween Onset and Death
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	ERTIF	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSE	OUENCE OF	):							
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1	딜	EXAMINER?	HOSPITAL:			OTHER:	6. PL/	ACE OF DEATH (Che	ck only one)				
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36.1	BY P	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	Year)	28b. TIME	JRY M 1	WOF	IRY AT RK? ES 2 NO	28d. DESCI	RIBE HOW II	NJURY OCCU	JRED	
28 is	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF IN- building, etc.	NJURY At ho . (Specify)	ome, farm, s	treel, factory,	office		281. LOCAT City or	ION (Street a Town, State)	and Number o	r Rural R	oute Number,
= 3	MPL	29a. CERTIFIER (Check only one)  2/ MEDICAL EXAMINER:											and manner as stated.
RTAN	3	29b. SIGNATURE AND TITLE OF CERTIFIER			1		_	29c. LICENSE NUM		1			
IMPO	20 85	Asm -	~	~	herr	2		0 369			29d. DATE	SIGNED /	(Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO KRISHAN K. SINGAI	M.D./16	500 CR	M 27) (Type, AIN H	Print) IGHWA Y	,	S.W. 201	/GLEN	BURN	NIE, M	1ARY	LAND 21061

DHMH-16 Ray 1/89

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BALTIMORE, MARYLAND 21215-0020

SION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTRAR	
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE					REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATN			3. TIME O	F DEATN
Eartha V.	Wilke	NSON	Wilke	rson		0.8	02	AY 190	YEAR	7 - 4	0
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. lest i		MOER 1 YEAR	F UNDER 24 HRS.	7. DATE	OF BIRTH	19.		7 : 4	te or Foreign
216-62-4957	1 M 2 F	37	YRS. MON	THE DAYS	HOURS MIN.		23 -5	3	Countr		
Sa. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN	OR LOCATION OF			9c. COUN	TY OF O	EATN	
4525 Northwood	Drive		Ba	ltim	ore Cit	У					
10a. STATE 10b. COUNT	TY		10c. CITY, TO	WN OR LOCA	TION					10d, INSID	
Md.	_		Bailt	inso	PP M	d.				1 YES	
10e. STREET AND NUMBER					I. ZIP CODE			10g. CITIZ	EN OF W	HAT COUN	
4525North	NARO DI	DIVE			2123	7			7/	0 0	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMI	ED	13. WAS DE	CENDENT OF NISP	ANIC ORIGIN	? (Specify Yes	or No—	14. RACE	- America	n Indien.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAF		'	it yes, s	ocify Cuban, Mexi	cen, Puerto f	licen, atc.)		Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Specia	. White, etc.	
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		UZN	Bor	12/			F	461	1 Co		
17. FATHER'S NAME (First, Middle, Last)		. , , , , , ,			18. MOTHER'S N	AME (First, A	fiddle, Malden	Surname)			
Uchn		NIKE	W.50	N		ANA	VIC /	ree	Se		
19a. INFORMANT'S NAME (Type/Print)	1.	19b.	MAILING AOD	RESS (Street	and Number or Rura	Route Numb	er, City or Tow	n, State, Zip	Code)		
ANNIE WILL	ErSAN	14	5251	Norz	LWAD	dA	n. Ba	2/es	10)	1.21	229
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4 Donation 5 Other (Specify)	TOTAL HOME STATE	1321+1	Mory or other pl	O CPA	VCHENON	1-20	11 3.	9/40		1-4.1	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME A	ND ADDRESS OF F	ACILITY	2011	AK	2	57	
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shock, or heert feilure.  IMMEDIATE CAUSE (Final	List only one couse	eused the deet on eech line.	th. Do not e	nter the mo	ode of dying, su	ch ss cerd	lec Dr respi	ratory srre	est,	inter	
shock, or heart lengte.	a. DED	on each line.	As	nter the mo	ode of dying, su	ch ss cerd	lec Dr respi	ratory srre	ost,	inter	vsl Betwe
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1 - STATE REGISTRAR	STATE OF MARY		NENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	9	1 2129	
1. DECEDENT'S NAME (First, Middle DORIS	J.		WEST	2. DATE OF DEATH MONTH DAY AUGUST	2, 1991	3. TIME OF DEATH 6:30 and	
4. SOCIAL SECURITY NUMBER 220-12-9427	1 🗆 M 2 💢 F	72 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCTOBER 12	8. BIRT Coun	MARYLAND	
10799 Hickory	Ridge Rd.	96	Columbia	EATH	Howa		
	Howard		own on Location Columbia		10d. INSIDE CITY LIMITS? 1 - YES 2		
100. STREET AND NUMBER 10799 Hickory	Ridge Rd.		10f. ZIP CODE 21044		USA	USA	
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVE	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 — YES 2 NO Specify	an, Puerlo Rican, atc.)			
	"S EDUCATION st grade completed) Coflege (1-4 or 5+)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re Clerical	done during most of working tired.)	A&P Foo	d Store	es	
17. FATHER'S NAME (First, Middle, L Nason	H. Kornmann		18. MOTHER'S NA Ruby	AME (First, Middle, Malden Su 7 Nay (Mar			
Joseph Schwar	tz (SON)	9302 Fx	press (Street and Number or Rural Cederick Rd. 1	Route Number, City or Town, Ellicott Cit		land 21042	
Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	fur lung	Lyene		Onset and Dee	
In port	anditiona contributing to deat	h but not resulting in t	the underlying cause given in	Pert I. 24a. WAS AN AI PERFORM	ED?	Ib. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)			
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendi		Outpatient 3 DOA 4 RY 28b. TIME C	□ Nursing Home 8 □ Residence  PF 28c, INJURY AT	8 Other (Specify)  26d. DESCRIBE HOW IN.	JURY OCCURED		
a Destate	not be building, etc. (	URY — At home, ferm, stre Specify)	et, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rura	l Route Number,	
one) MEDICAL E	G PHYSICIAN: To the best of my keexAMINER: On the basis of axemin					(a) and manner as stated.	
30. NAME (ND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF			1345	1 8	(Month, Dey, Year)	
31. DATE FILED (MONTH, Day, Year) AUG 6	991 Julia David		M Nover !)	riva Cel	unter	ni) Hay	

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2a nours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be fled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIE	NE	91 21	291
TATAL ST	1. DECEDENT'S NAME (First, Middle, Last) Georgia Estella	Arvey	OEMI	TOATE O	DEATH	2. DATE OF DEATH MONTH	DAY	3. TIME OF 91 10:1	
		1 🗆 M 2 🐧 F	GE (In yrs. last birthday) 75 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH OCT. 19	1915 V	BIRTHPLACE (State Country) Miton, M	or Foreign
TOR	9e. FACILITY NAME (If not institution, give structure) Salisbury Nursing RESIDENCE OF DECEMENT			Salis	or Location of D Sbury	EATH		OMICO	
DIRECTOR	Maryland Wicomi	со		ry, town on Loc sonsbur	g			10d. INSIDE LIMITS: 1 1 YES	? 2 🔲 NO
FUNERAL	Rt. 346, P.O. Box		-		21849		USA	N OF WNAT COUNT	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 N Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes,	ECENDENT OF HISPAI specify Cuban, Mexico ES 2 NO Specif	NIC ORIGIN? (Specify an, Puerlo Rican, atc.) fy:	Yee or No — 1	Black, White, atc.  Specify: Whi	
COMPLETED	16. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT to Bookkee	B USUAL OCCUPA work done during use retired.)  Der	TION most of working		BUSINESS/INOU		
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles W. Clarke					AME (First, Middle, Make E. Davis	ien Surneme)		
TO B	Wayne C. Arvey				Parsonsb	Houte Number, City or urg, MD	Town, State, Zip 0 21849	ode)	
	20a METHOD OF DISPOSITION 1 \( \tilde{\Omega} \) Buriel 2 \( \tilde{\Omega} \) Cremation 3 \( \tilde{\Omega} \) Remo 4 \( \tilde{\Omega} \) Donetion 6 \( \tilde{\Omega} \) Other (Specify)	val from State	206. PLACE AND DAT J'éTUSaTem			-20-91 Pa	LOCATION — CI	ly or Town, State	de la
	21. SIGNATURE OF FUNERAL SERVICE LICE	Hast			ano address of Fa	ral Home,	Selby.	ville, DE	
	23. PART I. Enter the diseases, or cahock, or heert feilure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ceuse o	as a CONSEQUENCE	nshor	mode of dying, suc	ch ae cerdiec or re	epiratory arre	Interv	oximete rai Between t and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		AS A CONSEQUENCE (						
		contributing to dee	th but not resulting	in the underly	log cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTO	
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions	Pressure	, Virtal	5 MW	WVS	1 <u>PEN</u>	3 2 NO	AVAILABLE F COMPLETION OF DEATH? 1  YES	N OF CAUSE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (G		M/eA		
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJU (Month, Day, Ye	er) IN	M 1 [	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	PRED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	IURY — At home, ferm, (Specify)	, streel, factory, o	ffice	261. LOCATION (Str. City or Town, St		r Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	CIAN: To the best of my k							r ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF	Mn		DYO	190 190	29d. DATE	SIGNEO (Month) Day,	Ybar)

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examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
)	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ie funeral director, page 5 sm, id ne detected for use as the buria	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page it and the detacted for use as the buria
r death. Page 6 may be retrained by the hospital or attending physi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2. Yours after death. Page 6 may be required for the investigat or attending physical process.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	Myrt1	STATE OF MAI				T OF HI E OF			MENTAL	HYGIEN REG. NO.	E	91	2	129
1. DECEOENT'S NAME (First	-	nt)	244						2. DATE C	F DEATH	W_	YEAR	3. TIME O	
4. SOCIAL SECURITY NUMBER	BER	. A/101	Myrt1 AGE (In yrs. les			en Riyear	IF UNDER 2	4 HRS,	7. DATE O	1 1	6	9 1 8. BIRTH	IPLACE (Stell	OS A
577 48 335	0	1 🗆 M 2 💢 🖟	89	YRS.	MONTHS	DAYS	HOURS	MIN.	1000	Day, Year) n 14,	190	Countr	y)	Caroli
9a. FACILITY NAME (If not in		e street and number)			9b. CIT	Y, TOWN O	R LOCATIO	N OF DE				INTY OF D		
Calvert Co	. Nur	sing Center				Princ	ce Fr	ede	rick		С	alve:	rt	
10a. STATE	10b. COU			10c, CIT	Y, TOWN	OR LOCATI	ON						10d. INSID	
Maryland		Calvert			Lus		7 WI							2 X NO
10e. STREET AND NUMBER		7				101.	ZIP CODE						VHAT COUN	TRY?
11. MARITAL STATUS	2 Dee	r Drive	VER IN U.S. AR	MED	13.		NOENT OF			(Specify Yea		U S I	E — America	an Indian,
1 Never Married 2 3 Vidowed 4 Dive		FORCES? 1 [	OR DATES	10		If yes, spe 1 TES	cify Cuben, 2 NO	Specify	in, Puerto Ri y:	can, etc.)		Spec	k, White, etc //y: Wh	ite
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Elementary/Secondary (	0-12)	College (1-4 or 8+)		Do NOT us House						Own	Hom	е		
17. FATHER'S NAME (First, A							18. MOTH	ER'S NA	ME (First, M.	iddle, Maiden	Surnama)	ă		
Aliso		erton	100	MAH NO	ADODES					ranth		- 0		
Ernest		oner	190			as :		or Hurai i	rioute Numoi	or, City or Tow	n, State, Z	ip Code)		
20a. METHOD OF DISPOSIT	ION	•	20b. PLACE other pla	OF DISPOS				ntory or		20c, LO	CATION -	- City or To	wn, State	
4 Donation 5 Other	r (Specify) _				inco	In Ce	em.				Bren	twood	d Md.	
21. SIGNATURE OF FUNERA	L SERVICE	LICENSEE			22	. NAME AN	D ADDRES	S OF FA	CILITY 44	05 Br	oome	s Isl	land 1	Rd.
5	70	woch		_			Raus	ch l	Funer	al Ho	me Po	ort I	Repub:	lic MD
Sequentially list condition resulting in desth)  Sequentially list conditif any, leading to immercause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diata iNG ury	b	R AS A CONSE	OUENCE OF	F):	<b>~</b>		,	(idr	٦٤٦				
PART II. Other algnific	ent condit	iona contributing to de	ath but not i	resulting	in the u	inderlying	cause gi	iven in	Part i.	24e. WAS AN PERFOI 1 YES	RMED?	248	AWAILABLE	ON OF CAUSE
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL								neck only one					
1 YES 2 NO		HOSPITAL:						idence	8 🗆 Other					
	Pending Investigation	28a. DATE OF IN. (Month, Day,		28b. TIM	IE OF JURY M		URY AT RK? 'ES 2	NO	28d. DEŞ	CRIBE HOW	NJURY O	CCURED		
2 Accident 3 Suicide 8 4 Homicide	Could not determined	28e. PLACE OF II	NJURY — At he . (Specify)	ome, farm,	street, fa	ctory, office	)		281. LOCA City o	TION (Street or Town, State	and Numb	er or Rural	Route Numb	er,
one) 2 MEI	E OF CHITI		nination and/or	Investigation	on, in my			ed at the	fime, data		nd due to	the cause(	a) and manr	
20. NAME AND ADDRESS O	F PERSON	WHO COMPLETED CAUSE	OF DEATH LITE	M 27) (Type		Fre	In:	ck	~	DI	2	06:	8	
31. DATE FILED (Month, Day JUL 2	9 199	3 REGISTRARY	SIGNATURE	ndelle										

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FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Miridle, Last)		1					2. DATE OF DI	EATH	VEA	3. TIME OF DEATH	
	Orval .	1947	B: `		App	oleto	n			/17/9		7 7 7 .	
	4. SOCIAL SECURITY NUME	BER	6. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	RTH Made	8. Bif	TTHPLACE (State or Foreign untry)	
	366-03-74		1 M 2 🗆 F	72	YAS.	MONTHS	DATE	HOOKE MIKE.	09/1		M	lichigan	
	9e. FACILITY NAME (If not in	natitution, give a	treet end number)			9b. CITY	, TOWN	OR LOCATION OF DE	ATH I	1 9	c. COUNTY O	F DEATH	
E E	Anne Arun	del Me	dical Ce	nter		An	napo	olis			Anne	Arundel	
FUNERAL DIRECTOR	MD	10b. COUNTY	Y		Grasonville				1			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	Rt. 1 Box											of what country?	
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AR	2 NO If yes, specify Cuban, Me				n, Puerto Alcan,	ACE — Amarican Indien, lack, White, etc. pecify: White			
		EDENT'S EDU				Work done		ON est of working	18b. KIND	OF BUSIN	ESS/INDUSTR	Y	
COMPLETED	Elementary/Secondary (		College (1-4 or 5	Ma	life. Do NOT use n								
를				I	Estin	nator			Tr	uckin	g Co.		
힜	17. FATHER'S NAME (First, A	fiddle, Last)				- Verila De		16. MOTHER'S NA	ME (First, Middle,	, Maiden Sur	mame)		
BE (	James Apr	leton						Isabe]	le				
0	19e. INFORMANT'S NAME (	S NAME (Type/Print)				19b. MAILING ADDRESS (Street end Number or Re				ty or Town, S	State, Zip Code)	de)	
F	Mrs. Ilee	ene D.	Appletor	ı	Rt. I	Box	190	)	Gra	sonvi	lle	MD 21638	
	20s. METHOD OF DISPOSIT		owal from State	20b. PLACE of cemetary				(Name	DATE	20c. LOCAT	FION — Cify o	Town, State	
	4 Donetion 6 Dother		Town Town State		a Hay		orace)		7/20	Glen	Burnie	9	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME A	ND ADDRESS OF FA	CILITY 4	95 Ri	tchie	Hwy.	
	Barranco Funeral Home Severna Park MD 21146  23. PARTIL Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest,   Approximate												
ICATION	Sequentielly list conditions, list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injections)	dlata	b. DUE TO	O (OR AS A CONSE	OUENCE (	OF):							
ERTIF	that initiated events resulting in death) LAS	вт [	d	O (OR AS A CONSE	OUENCE (	OF):						(C	
MEDICAL CERTIFICATION	PART II. Other signific	ant condition	na contributing t	o death but not	resulting	in the u	nderlyir	g ceuse given in		WAS AN AU PERFORMI	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25, WAS CASE REFERRED	TO MEDICAL					20 0	LACE OF DEATH (C)	hank anti-anni		1		
$\frac{1}{2}$	EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:			OTHE	R:		V 1 30 50				
BY PHYSICIAN:	27. MANNER OF DEATH	Pending	28e. DATE O	ER/Outpatient :  F INJURY Day, Year)	28b. TI	ME OF	26c. IN	JURY AT DRK?			URY OCCURE	0	
											d Number or Ru	iral Route Number,	
COMPLETED	20000000000		ER: On the basic of									ise(a) and manner as stated.	
BE	296. SIONATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  07/18/9.												
10	30. NAME AND ADDRESS (	OF PERSON WI	HO COMPLETED CA	USE OF DEATH (ITE	EM 27) (Typ	oe, Print)							
	31. DATE FILED (Month, Day JUL 24	991 g	who Davids	RAR'S SIGNATURE	4								

benetice the membershal or attending physician,	turn and a described for use as the burial-transit permit. Pages 1, 2, 3 should		e notified it once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within amounts after death, Page 6 may be man be a man before the property of attending	funeral director, pa	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be nother

0	G-678 8/28/91 cm									91	21	291
	1 - STATE REGISTRAR	STATE OF MA				F HEALTH A		TAL HYGIE REG. N				
	1. DECEOENT'S NAME (First, Middle, Last	)					2. D.	ATE OF DEATH	244		3, TIME OF	DEATH
	WILLIAM Pa	ul		A	RMIGER	, Jr.	07	2	3	91	5:17	P
	4. SOCIAL SECURITY NUMBER 220-66-1596	5. SEX 1 M 2 F	36 AGE (In yrs. le	est birthday) YRS,	IF UNDER 1 YE		HRS. 7. DA	TE OF BIRTH onth, Day, Year)	1955	e. BIRTH	PLACE (State)	
	9a. FACILITY NAME (# not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION			_	NTY OF D	-	
TOR	1210 N.CALVERT S	STREET			BALTI	MORE CI	TY					
DIRECTOR	10a. STATE 10b. COUN	TY			Y, TOWN OR L						10d. INSIO	3?
	Maryland 100, STREET AND NUMBER			Ral	timore	101. ZIP CODE					1 TO YES	
A A	1210 N. Calvert	C+							100		WHAT COUNT	FRY?
FUNERAL	11. MARITAL STATUS		EVER HILLS			21203			U.S			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 X		If ye	DECENDENT OF a, specify Cuban, YES 2 NO	Maxican, Pun	GIN? (Specify York of Rican, atc.)	na or No—	14, RACE Black Speci	E — America k, Whita, atc. Hy: White	
8	15. DECEDENT'S ED	UCATION	16a. D	ECEDENT'S	USUAL OCCU	PATION		18b. KIND OF BI	USINESS/IND	USTRY	WILLE	
COMPLETED	(Specify only highest grad	College (1-4 or 5+)	li lii	Give kind of le. Do NOT u 1es	work done durin se retired.)	g most of working		Reta	<b>i</b> 1			
8	17. FATHER'S NAME (First, Middle, Last)					18 МОТНЕ	R'S NAME (Ele	st, Middle, Maide				
BE	William Paul Art	miger, Sr.	1.			Fran	ces M	LaMon	ico			
2	Frances M. Garbo	er	11	52 H	olly F	RD, Seve	rna Pa	umber City or To ark, Ma	wn, State, Zip rylan	d 21	146	
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 🔀 Cremation 3 □ Rea	moval from State	20b.PLACE	ANDDATE	OF DISPOSITIO	N (Name of		ATE 20c. L	OCATION -	City or To	wn, Stata 🖰	alto.
	4 Donation 5 Other (Specify)		Metr	o Cre	matory	, Inc.	7/25	5/91 C	atons	vill	e, MD	2122
	21. SIGNATURE OF FUNERAL SERVICE L	DOENSEE .			Kir	kley Fu Crain	neral	Home	lan B	urni	e MD	2106
	23. PART I. Enter the disessea, or shock, or heart failure IMMEDIATE CAUSE (Finsl disease or condition reaulting in death)	ENCEPHA	on esch lin	AND 1	LEPTOM	ENINGIT		ardisc of 183	piratory arr	est,	Inter	oximata val Betwee ot and Dea
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (O	ED TMMU	OUENCE O	F):	CY SYNDE	ROME					
MEDICAL C	PART II. Other significant condition	ns contributing to d	eath but not	resulting	in the under	lying cause give	en in Part I	24a. WAS AI PERFO	RMED?	24b.	WERE AUTO AVAILABLE F COMPLETIO	PRIOR TO
N: ME											OF OEATH?	2 🗀 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	8. PLACE OF DEAT	TH (Check only	one)				
SIC	EXAMINER?	HOSPITAL:	R/Outpatient	3 🗆 00A	OTHER:	Home 5 ∏ Reald	lence 6 🗆 O	ther (Specify)				
Η	27. MANNER OF DEATH	26s. DATE OF IN	JURY	28b. TIM	E OF 26c	INJURY AT		DESCRIBE HOW	INJURY OCC	URED		
ВУ Р	1 Netural 5 Pending 2 Accident President	(Month, Day,				WORK?						
TED	3 Suicide a Could not be determined	28s. PLACE OF I building, at	c. (Specify)	oma, tarm, i	streat, tactory,	offica	28f, L	OCATION (Street ify or Town, State	and Number )	or Rural R	loute Number,	
COMPLETED	29a. CERTIFIER (Chock only 1 CERTIFIED OF COMMING)	On the bests of exer	y knowledge, d	eath occurr	n, in my opinio	deta and place, ar	nd dua to the	cause(a) and me	nner as stat	ed. a cause(a	) and manne	r an stated.
BE C	396. SIGNATURE AND TITLE OF CENTRE		0.0	1		29c. LICENS	E NUMBER		29d. DATE	SIGNED	(Month, Day,	
2	30, NAME AND ADDRESS OF PERSON W	COMPLETEO CAUSE	OF DEATH (ITE				C.M.E.			7/24		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE	111	PENN	STREET,	BALTIM	ORE, MAI	RYLANI	21	201	
	JUL 26 1991 Ju	his Davidson	Bridge									

and the second

RE, MARYLAND 21215-0020

BALTIMO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	2	any injury, or other traumatic event, the medi-
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	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	s marked, or item 23 shows
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	D	69

31. DATE FILED (Month, Day, Year)

JUL 3 0 1991

30 REGISTRAR'S SIGNATURE
Julia Lawillon-Aundall

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND	/ DEPARTME ERTIFICA			MENTAL HYGIE		9	2129
	1. DECEDENT'S NAME (First, Middle, Last) E. Edward Josep	dward Joser				2. DATE OF DEATH	DAY 2	YEAR	3. TIME OF DEATH
	213 20 3304	M 2 □ F 55	YRS. WONT	IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Sept 2.		Country	PLACE (State or Foreign Jersey
TOR	9a. FACILITY NAME (If not institution, give alreet an  Frederick Memoria  RESIDENCE OF DECEDENT	d number)	9b. C		erick.		9c. COUN		ATH
- DIRECTOR	10a. STATE 10b. COUNTY Maryland Freder	ick	10c. CITY, TOW	m on Local deric					10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1749 Carriage Way			101	21702		2.0	J. S	A .
B	1 Never Married 2 - Married F	MS DECEDENT EVER IN U.S. AIDRCES? 1 YES 2 X YES, GIVE WAR OR DATES	RMED NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify ten, Puerto Rican, etc.) fy:	fee or No-	Black, Specify	- American Indien, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple  Elementary/Secondery (0-12) Colle  1 2	rge (1-4 or 5 +)	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire	nne during mo id.)	ON st of working	16b. KIND OF E		STRY	
E COMF	17. FATNER'S NAME (First, Middle, Last) Francis Joseph Ash		ookbinde	er		Print:  ME (First, Middle, Malde  Marie Ou:		pany	У
TO B	19a. INFORMANT'S NAME (Type/Print)  Sandra L. Ashcroft				nd Number or Rural	Route Number, City or To	own, State, Zip C		01700
	20a. METNOD OF DISPOSITION  1	om Stafe cemetery, cr	ANDDATE OF DISP ematory or other pla hsburg (	POSITION (Na	me of		OCATION — CI	ty or Tow	21702 n, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	D ADDRESS OF FA	Stauf	er Fur	era:	
	-23. PART I. Entar tha diseases, or complianock, or heart failure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	nly one cause on each lin	n.	tar tha mo	da of dying, aud	h as cardiac or rea	piratory arra	nt,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE	QUENCE OF):	chang	oney	nia			
CERT	resulting in daeth) LAST								
PHYSICIAN: MEDICAL	PART II. Other significant conditions cont	ributing to death but not	rasulting in the	undarlying	cause given in	PERF	N AUTOPSY ORMED?	0	VERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
SICIAN		PITAL:	ОТН	ER:	ACE OF DEATN (Ch				
ву РНҮ		Specient 2 ER/Outpetient 3 8e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	JRY AT	8 Other (Specify)  28d. DESCRIBE NOW	INJURY OCCU	RED	
8		8e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, f	actory, office		281. LOCATION (Stree City or Town, Stel	t and Number or	Rural Roo	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	o the best of my knowledge, de ne bests of exemination and/or	esth occurred at th	e fime, date ly opinion, de	and place, and due	to the cause(a) and m	anner se stated	ceuse(a) a	and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WNO COME	vyrden a	•		29c. LICENSE NUI			GIGNED (A	Month, Day, Year)

A.

21702

BALTIMORE, MAPYCAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

JUL 3 0 1991

													91 2	14:
	FOR STATE REGISTRAR		STATE OF M			RTMENT				MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First	1	Clarence	Howar	d Arv					MONT	OF OEATH		3. TIME OF DEA	TH O M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	6.1	BIRTHPLACE (State or F	oreign
	313-03-17	374	1 X M 2 □ F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	09	- 13 -	07 B	runswick	1, MD
<u>_</u>	98. FACILITY NAME (If not in	nstitution, give s	Nursing	Home	0	9b. CITY,	A C	R LOCATI	ON OF OE	ATH		9c. COUNTY	11	
16	RESIDENCE OF DEC			HOLK		11.11.	7311	1				luar		
DIRECTOR	10a. STATE	10b. COUNT				TY, TOWN O		ON					10d, INSIDE CIT LIMITS?	
	Maryland  10e. STREET AND NUMBER		ington		Kno	oxvi1		ZIP COD	E		-	10g. CITIZEN	1 TYES 2 X	NO
FUNERAL	Garretts	Mill R	load					2175	8			USA	1	
5	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	RMED	13. V	NAS OECE	NDENT C	OF HISPAN	IIC ORIGI	N? (Specify Ye Rican, atc.)		RACE - American Ind Black, White, etc.	len,
B	1 Never Married 2 1 3 Widowed 4 X Olvo		IF YES, GIVE W		ZNO.	1	YES	2 X NO	Specify	r.	ricum, arc.)		Specify: Whit	e.
8	15. DEC (Specify on	EDENT'S EDU	CATION completed)	18a. I	DECEDENT'S	work done d	CUPATIO	N it of workli	ng	18	b. KINO OF BU	SINESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (	0-12)	College (1-4 or 5+	)	akema						3&0 RR	, Bruns	swick, MD	
WO	17. FATHER'S NAME (First, M	Aiddle, Last)						18. MOT	HER'S NA	_	Middle, Maide		J. 1. 2011, 1. 20	
BE 0	William Jo		in					Ann	na Re	bec	ca Kid	wiler		
2	190. INFORMANT'S NAME (	Type/Print)										wn, State, Zip Co	-	
2	Jane Cage 200. METHOD OF DISPOSIT	TION		20b. PLAC		VEST				Bru		MD 2		
	1 Surial 2 Crematic		oval from Stata	other	place)	ark He				ery	1	unswic		
	21. SIGNATURE OF FUNERA	SERVICE LI	CENSEE	1///	10				SS OF FA		Frances	al Home		
CAS	Barbar	a A. W	Miliams,	Funera	1 Di								= ck, MD 217	16
200	23. PART I. Enter the d ahock, or h		complications that List only one cau			not antar	the mod	da of dy	ing, auc	h aa cai	rdiac or rea	piretory arrest	Approxim	
	IMMEDIATE CAUSE (Fi	nal	1 × 4 × 1 × 4										Onset an	id Death
, all	reauiting in death)	<b>→</b>	aDUE TO	OR AS A CONS	EQUENCE	DS IS		1		_			1117	
Z	Sequentially list condi-	dans C	a un	Mary	TT	act	- 1	nt	ect	MO			clau	D
ATIC	If any, leading to imme	ediata	DUE TO	OR AS A CON	EQUENCE	OF):	000 4	a 1	00	Λ α	d 4 6		(10)	
FI	CAUSE (Disease or injuthat initiated events		DUE TO	OR AS A CONS	SEQUENCE	OF):	OTVE	0			Will will		410	7
CERTIFICATION	resulting in death) LAS	ST	d											
	PART II. Other algolific	ant condition	na contributing to	daath but no	t resulting	in the un	derlying	cause	given in	Part I.			24b. WERE AUTOPSY	
5 5	12 No	51W.	ers.								1 TYES	2 NO	COMPLETION OF OF DEATH?	
WE													1   YES 2	NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED	TO MEDICAL	1				26 PI	ACE OF I	DEATH (Ch	eck only	noe)		<u> </u>	
SICI	EXAMINER?	TO MEDIONE	HOSPITAL:	ER/Oulpatient	3 DOA	OTHER 4 Num	3:				ner (Specify)			
PHY	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. Ti	-	28c. INJ			_		INJURY OCCUP	REO	
BY F	1 Natural 5 2 Accident	Pending Investigation				М	1 🗌 Y	/ES 2 [	NO					
TED	3 Sulcide 8 4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — AI etc. (Specify)	home, ferm	, street, fact	lory, office				CATION (Stree y or Town, Stat		Rural Route Number,	
PLE	29a. CERTIFIER 1 CER	TIFYING PHYS	SICIAN: To the best of	my knowledge,	death occu	rred at the t	lme, data	end place	e, end due	to the c	nuse(a) and m	anner as stated.		
NO.	one) 2 MED	DICAL EXAMIN	ER: On the basis of	mination end/	or investigat	tion, in my o	pinion, d	eath occu	ared at the	time, de	te end place,	end due to the o	cause(s) and manner as	stated.
BE	29b. SIGNATURE AND TITL	L OF CENTIFIE	Mew	Lei	W			29c. LIC	ENSE NUI	MBER	30	29d. DATE 6	20 /91	0
2	30. NAME AND ADDRESS (	OF PERSON W	HO COMPLETED CAU	SE OF DEATH (	TEM 27) (Ty)	oe, Print)		1	)(, -	2 1	Cal	mbe	(1/1)	
	31. DATE FILEO (Month, Day	( Year) P	Laz REGISTRA	N 20	00C	ewa	-un	V 4	IN	1	001	NAME D	~ 210	44
	JUL 3 0 199	1 gul	ia Aguyavon-	Manual										

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
. OECEOENT'S NAME (First, Middle, Last)				2. OATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
JOHN COLLINS E	BELL			7 25	91	5:00 A.M.M
SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ybar)	8. BIRTH Country	PLACE (State or Foreign
214-60-4759	1√√ M 2 □ F	37 YRS.	MIN.	10-14-53		uth Carolina
. FACILITY NAME (If not inatitution, give	street and number)		96. CITY, TOWN OR LOCATION OF D	EATH 9c	COUNTY OF DI	
090 Douglas Aver	nue		Mount Airy, May	ryland	Freder	ick
ESIDENCE OF DECEDENT			TOWN OR LOCATION		1	10d. INSIDE CITY
						LIMITS?
aryland Fre	ederick	M	lount Airy	T.		1 YES 2 NO
				104	g. CITIZEN OF W	/HAT COUNTRY?
6090 Douglas Ave			21771		U.S.	Α.
Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify/Cubsn, Maxic	an, Puerto Ricen, etc.)	lo— 14. RACE Black	- American Indian, White, atc.
☐ Widowed 4 🖟 Olvorced	IF YES, GIVE WAR OF	R DATES	1 YES 2 NO Speci	fy:	Specif	
15. OECEDENT'S EDU	JCATION	16s. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUSINES	SS/INDLISTRY	White
(Specify only highest grade	e completed)	(Give kind of wo	rk done during most of working retired.)	TOD. KIND OF BOOKE	33/11/2031117	
Elementary/Secondary (0-12)	College (1-4 or 5+) 2 years		ve Chef	Executive	Unto 7	Chof
FATHER'S NAME (First, Middle, Last)	2 years	EXECUTI		AME (First, Middle, Maiden Sum		ther
	Roll In			Collins	arrie)	
Gregory McCaleb	bell, dr.	dat span man			- TI	
Michael J. Fulfo	ard		ADDRESS (Street and Number or Rural			
	71 u		Douglas Avenue			
s. METHOD OF DISPOSITION  Burisl 2 (Cremetion 3   Ren	noval from Stats	of cemetary, crematory o	of olsposition (Name rother place)		ON — City or To	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
□ Donation 5 □ Other (Specify)		Smithsbur	g Crematory		hsburg	Maryland
SIGNATURE OF FUNERAL SERVICE LI	SERBEE ) SO /	0/	Robert E. Da	ilev & Son. I	P.A.	
* (Kokeit)	Haile	47	1201 North Ma		Fred	erick, MD 21
equantially list conditions,	OUE TO (OR A	AS A CONSEQUENCE OF:				1. 10 Hg
f any, leading to immediate	00E 10 (0R )	IS A CONSEQUENCE OF):				
CAUSE (Disease or Injury	cOUE TO (OR 4	AS A CONSEQUENCE OF				
hat initiated events esulting in death) LAST	202 10 (011)	io a consequence or j.				
	d					-
ART II. Other significant condition	ns contributing to deat	h but not reaulting in	the underlying cause given in	Part I. 24a. WAS AN AUT		WERE AUTOPSY FINDINGS
				PERFORMED  1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						OF DEATH?
						1 YES 2 NO
WAS CASE REFERRED TO MEDICAL			20 DI ACE DE DEATH (C	hask saturant		
EXAMINER?	HOSPITAL:		OTHER			
1 YES 2 NO			Nursing Home S Residence		my 00011000	
Natural 5 Pending	(Month, Day, Ye		RY WORK?	26d. DESCRIBE HOW INJUI	HY UCCUREO	
2 Accident Investigation			M 1 YES 2 NO			
3 Suicide 6 Could not be	26e. PLACE OF INJ building, stc. (	URY — Al home, farm, sti Specify)	reet, factory, offics	261. LOCATION (Street and I City or Town, State)	Number or Rural I	Route Number,
4 Homicide determined						
6. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my k	nowledge, death occurred	at the time, dats and place, and du	a to the cause(a) and manner	as stated.	
And any			, in my opinion, death occured at th			s) and menner as stated.
DO. SIGNATURE AND THE DE CERTIFIE		20				and the state of
Min /	4. 9Cm	~1	29c, LICENSE NO	761	a. DATE SIGNED	(Month, Day, Year)
D. NAME AND ALTOMESIS OF PERSON W	HO COMPY TOTAL	0.0	0 21	10/	1/0	0/1/
	HO COMPLETED CAUSE OF			7. 1 01701	,	
Brian O'Conner	our West /t	n Street	rrederick, Mary	yland 21701		
I. DATE FILEO (Month, Day, Year)	Jay doon-Rand	SIGNATURE 92				
1 20 1991 guha	may ason you					
U	-					

build be detached for use as the burial-transit permit. Pages 1, 2, 3 should ned by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mixins after death. TO THE FUNERAL DIRECTIDE: After this certificate has been signed by the attending physician and completely filled in by the funeral of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

20. NAME AND ADDRESS

31. DATE FILE JIM 29 300 1991

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type) Print)
(HITHER) BYRG REDICY CTR.

A REGISTERAR'S SIGNATURE

of the former as the burial-transit permit. Pages 1, 2, 3 sh		
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ing physician and complet	ental Hyglene prior to burial, cren	other trauma
by the attending physician and complet	ind Mental Hyglene prior to burial, cren	ny injury, or other traumatic event,

	RE	CERTIFICA		1000	DAY YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (f)	n yrs. leat birthday) IF U	NDER 1 YEAR   IF UNDER 24 HR	8. 7. DATE OF BIRTH	0 /99	IRTHPLACE (State or Foreign
216-92-0669	1 - M 2 XF	R YRS. MONT	HE DAYE HOURS MIN	(Month, Day, Year)	62 0	ountry)
9a. FACILITY NAME (If not institution, give stre	et and number)	A 9b.	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	
TOX CHASE Kehal	, 2 NUSING	Center Si	Iver Spring	. Ma	Mont	gomeny
10a. BTATE 10b. COUNTY		10c. CITY, TOY	WN OR LOCATION			10d. INSIDE CITY
MD Mont	gomery	Gai	thersbure			TE YES 2 NO
10e. STREET AND NUMBER		_	10f. ZIP CODE	70	10g. CITIZEN	OF WHAT COUNTRY?
11, MARITAL STATUS	12. WAS DECEDENT EVER IN	Terr.	208/	8	05	<i>/</i> +
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 K NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me: 1 YES 2 NO Sp	xican, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: Whith
15. DECEDENT'S EDUCA (Specify only highest grade of	ITION ompleted)	16a. DECEDENT'S USUA	L OCCUPATION lone during most of working	16b. KIND OF BI	JSINESS/INDUSTI	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	ed.)			
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17. FATHER'S NAME (First, Middle, Last) Charles H. Henc	lmon			NAME (First, Middle, Maide	n Surname)	
19a. INFORMANT'S NAME (Type/Print)	ren	19b. MAILING ADDI	RESS (Street and Number or Ru	lith Kidd ral Route Number, City or To	wn, State, Zip Code	9)
Robert Better.	Jr.	11905 F	Raven Rock	Terr. Ga	aither	20878 Shure Md.
20s, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remov	20b	PLACE AND DATE OF	DISPOSITION (Name	DATE 20c. L	OCATION — City	
4 Donation 5 Other (Specify)	D.	arnestown	n Presbyte:	rian Dai	nesto	wn, Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE .		22. NAME AND ADDRESS OF 22111 Beal:	Hi1ton		ral Home nesville,M
23. PART I. Enter the disesses, or co	implications that caused	the death. Do not e				Approximats
ahock, or heert feilure. Li IMMEDIATE CAUSE (Final	st only one cause on ea	och lina.				Interval Betwee
disesse or condition resulting in deeth)	Carolio	respirel	my foile	erc		
	OUE TO (OR AS A	CONSEQUENCE OF):	10			
Sequentieily list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF);	27			
If any, leading to immediate cause. Enter UNDERLYING	,	,				
	DUE TO (OR AS A	CONSEQUENCE OF):				
CAUSE (Disease or Injury that initiated events						
that initiated events	contributing to daeth be	ut not resulting in the	e undariying cause given	In Part I. 24a. WAS A	N AUTOPSY	
that initiated events resulting in deeth) LAST	contributing to deeth b	ut not resulting in the	e undariying cause given	In Part I. 24a. WAS A PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
that initiated events resulting in deeth) LAST	contributing to deeth b	ut not resulting in the	e undariying cause given	PERFO	RMED?	AMILABLE PRIOR TO
that initiated events resulting in deeth) LAST  PART II. Other significant conditions	contributing to deeth b	ut not resulting in th		PERFC 1 TYES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in deeth) LAST  DART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	्रा	26. PLACE OF DEATH HER:	PERFC 1 YES  (Check only one)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in deeth) LAST  DART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?		्रा	26. PLACE OF DEATH MER: ?Nursing Home 5 ☐ Resider	(Check only one)	PRMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
that initiated events resulting in deeth) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:	ationt 3 □ DOA 4	26. PLACE OF DEATH HER:	PERFC 1 YES  (Check only one)	PRMED?	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	atient 3 DOA 4 2 26b. TIME OF INJURY	26. PLACE OF DEATH HER:  [Nursing Home 5  Resider  28c. INJURY AT WORK?  M 1 YES 2 NO	(Check only one)	INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
that initiated events resulting in deeth) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	HOSPITAL:    Impettent 2   ER/Outp   28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	effent 3 DOA 4  26b. TIME OF INJURY  — At home, farm, street	26. PLACE OF DEATH HER:  [Nursing Home 5  Resider  28c. INJURY AT WORK?  M 1 YES 2 NO	(Check only one)  (Check only one)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Town, State	INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

SOI W. FRE OFFICK AVE. GATTHERS BURK

Art Sal

10e. STATE

Md

10e. STREET AND NUMBER

4. SOCIAL SECURITY NUMBER

218-16-4459

RESIDENCE OF DECEDENT

613 N. 2nd St.

JUL 2 4 1991

9e. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

Leo

YRS.

6. AGE (In yrs. lest birthday)

66

DOMINECK

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Memorial Hospital

Allegany

BONELLA

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

101 ZIP CODE

Cumberland

21502

DAYS

10c, CITY, TOWN OR LOCATION

LaVale

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 X Olvorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Electrician unk once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Ħ Mary Reno Joseph Bonella BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David A. Burdock PO Box 523 Kitzmiller, Md 20e. METHOD OF OISPOSITION
1 Burial 2 Cremetion 3 Fit
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name Kalbaugh Cem 7 + 24 - 921, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pored undoc David A. Burdock FH Kitzmiller, Md. removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. After this certificate has been signed by the attending physician and completely fille leath with the State Dept. of Health and Mental Hyglene prior to burial, cremation, marked, or Item 23 shows any Injury, or other traumatic event, the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): SIMO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident Investigation TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 Is m 28e. PLACE OF INJURY — Al building, etc. (Specify) 3 Suicide ne, farm, street, tactory, office 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the be ation and/or investigation, in my opinion, death occured at the time, date end piece, and due to the ceuse(e) end menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D 36766 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Vik Poonai-955 Frederick Street-Cumberland, MD 21502 31. DATE FILED (Month, Day, Year) . 32. REGISTRAR'S SIGNATURE

die Tavidon

2. DATE OF OEATH 3. TIME OF DEATH July 21, 1991 12:04 a M 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign NOV 15 1924 Md (V) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Allegany 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Black, White, etc. soWhite 165 KIND OF BUSINESS/INDUSTRY Electric 21538 20c, LOCATION - City or Town, State Elk Garden W.Va 21538 **Approximate** Interval Betw Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 TES 2 NO 284. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exar
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fined by the hospital or attending physician.

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ARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM			MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	William Aller	BARNHAR		- 2	2. DATE OF DEATH DO		3. TIME OF DEATH  6 30 A M
		ALTERNATION AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	s. last birthday) IF U	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	6. BIR	THPLACE (State or Foreign intry)
	214-10-0741	1½ M 2 □ F 70	YRS.			April 8,	1921 Per	nnsylvania
-	9a. FACILITY NAME (If not institution, give atree		9b.	CITY, TOWN O	R LOCATION OF D	EATN	9c. COUNTY OF	DEATN
DIRECTOR	Washington County	Hospital		Hager	stown		Washir	ngton
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY
	Maryland Washir	ngton	Hage	rstown				1 X YES 2 NO
AAL	10e. STREET AND NUMBER			101.	ZIP CODE			F WHAT COUNTRY?
FUNERAL	429 Guilford Avenu	10. WAS DECEDENT EVER IN U.S	ADMED		21740		US	
₽	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	<b>⊠</b> NO	If yes, spe		NIC ORIGIN? (Specify Yer in, Puarto Rican, atc.) y:	Sp	ACE — American Indian, ack, White, atc. ocity:
9	15. DECEDENT'S EDUCA (Specify only highest grade of	TION 16r	. DECEDENT'S USU	done during mos		16b. KIND OF BU	SINESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use reti	ired.)				
₫ Z	8	0	brakema	n	:	railr		
	17. FATHER'S NAME (First, Middle, Last)	a tr				ME (First, Middle, Maiden	Surname)	
BE	Edgar Dale Barnhar		405 4441110 400	DESC (01-1-1		Ziegler Route Number, City or Tow	- 20 71 6 41	
2	Hazel B. Barnhart					agerstown,		740
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF				CATION — City or	
	1 Surial 2 ☐ Cremetion 3 ☐ Remov	ral from State of come	lar Lawn	Memori	al Park	1	•	m, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICES			22. NAME AN	D ADDRESS OF FA	CILITY	0	
	SCATTI	Mon	us de		H FUNER		aore tour	, Md. 21740
	23. PART I. Enter the diseases, or co	implications that caused th	a death. Do not a					Approximate
	PARTECULATE CALLOE (C	CONSESTIONE TO (OR AS A CO		ART	FAIL UI	2.5		Interval Between Onset and Death
NC	Sequentially list conditions, b.	CARDIOMY	MATHY,	co	NGEST	108		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Atheroscler	NSEQUENCE OF):	0-	. n;	Sec. 11	1	0-10
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):	scucu	u "1.	1	remeral	1250
HTI	resulting in death) LAST							
	DADY II Other elections and distant	and the state of the state of				was I am min		
CAL	PART II. Other algorificant conditions Carcinoma of Li		letes M					AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Carcinova of I	ing mas	E125 14	eury	5 vype	1 TYES	NO	OF DEATH?
Σ	Aneura seini	earl to gest	10 in Tes	Tryal	orean	4/1/		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	Carcinoma	of blad	26 01	ACE OF DEATH (C	prostate.		
PHYSICIAN:	EXAMINER?	HOSPITAL:	T 1 DOM OT	HER:		6 Other (Specify)		
Η̈́	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME OF	28c, INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY		RK7 ES 2 NO			
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, farm, atree	t, factory, office		281. LOCATION (Street		ral Route Number,
COMPLETED	4 Nomicide determined	building, stc. (Specify)				City or Town, State	)	
PLE	29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICI	IAN: To the best of my knowledg	e, death occurred at	the time, date	and place, and du	a to the cause(a) and me	nner as stated.	
OM	and.	: On the basis of examination an	d/or investigation, in	my opinion, d	eath occured at the	e time, data and place, a	nd due to the caus	se(a) and manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	29d, DATE SIGN	IED (Month, Day, Year)
TO BI	May E. Mosey	6).			0238	315	1 7/	24/91
	30. NAME AND ADDRESS OF PERSON WHO MARY E. Money		B Oak	Hill K	que, H	lagerston	m, me	121782
	31. DATE FILED (MONTY, Day, Year) 91	32. REGISTRAN'S SIGNAT	Bon-Handel	2				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may attending the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYL							MENTAL	HYGIENE	
			C	ERTIF	FICATE	OF	DEAT	TH		REG. NO.	
											-

FOR STATE REGISTRAR	STATE OF MARYL	AND / OEPARTM			MENTAI	HYGIEN	E		2100
1. DECEDENT'S NAME (First, Middle, Last)	Genevieve E	izabeth / Baker			2. DATE MONTE	OF OEATH	21		TIME OF DEATH 4:15 am M
4. SOCIAL SECURITY NUMBER 2 14-09-3477	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		PUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH 7, Day, Year) 7-17	8.	BIRTHPLA Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, give s	treet and number)	91	b. CITY, TOWN C	R LOCATION OF D	EATH		9c. COUNTY	Y OF OEATI	н
Avalon Manor			Hagerst	own			Wash	ingto	on
10a. STATE 10b. COUNTY	1	10c. CITY, 1	TOWN OR LOCAT	TON				100	I. INSIDE CITY
MD Wash	ington	Hag	erstown	1				15	YES 2 NO
10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
Route 8 Box 35				21740			USA		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 TYES, GIVE WAR OR D	225 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxico 2 NO Specia	en, Puerto I		or No- 14	Specify: Whit	
15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	SUAL OCCUPATION MO	ON st of working	186	. KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	housev							
	U	nousev	wile						
17. FATHER'S NAME (First, Middle, Last) Edward Allen Mur	nhv			16. MOTHER'S NA		Middle, Meiden Bertha		inia	Welty
19a. INFORMANT'S NAME (Type/Print)	P1.7	401 1101 110 11	200000000000000000000000000000000000000						WCILY
Beverly Large				Ave., F					
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	20	b. PLACE OF DISPOSITI	ION (Name of cer	netery, cremetory or			CATION — CIT		
4 Donation 5 Other (Specify)	SVIII TIGIII SUILO	Arlington	Nation	al Cemet	ery	Ar1	ington	n, Vi	rginia
21. SIGNATURE OF FUNDIAL SERVICE LIC	ENSEE	_	MINNT	CH FUNER	CALL H	OME			
> ZCAR	mood	inna	415 E	. Wilson	Blv	d. Ha	gerst	own,	Md. 21740
Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Hear	ric t	heer	iac A	rrest		
PART II. Other significant condition	a contributing to death	but not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	FRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C	heck only o	nel			
EXAMINER?	HOSPITAL:		THER:	ne 8 🗆 Residence					
27. MANNER OF OEATH	28a. DATE OF INJURY	28b, TIME O	OF 28c, INJ	IURY AT		SCRIBE HOW I	NJURY OCCU	RED	
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUR		YES 2 NO					
3 Suicide 6 Could not be determined	26s. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, stre	set, tactory, offic	•	281, LOC City	ATION (Street or Yown, State)	and Number or	Rurel Rout	e Number,
onel	CIAN: To the best of my know								nd menner as stated.
298- SIGNATURE AND TITLE OF CERT FIE	N - 25-3			29c. LICENSE NU	IMBER		29d, DATE	SIGNED (M	onth, Day, Year)
JON H	-0-0	WED			426	2			1991
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	rint)						7.171
Von. Moel Fen		1.3881		tam St.	Ho	egest	mod	ME	021740
31. DATE FILED (Month, Day, Year)	32 REGISTBAR'S SIG	nature nandelle			,	)			

FUNERAL DIRECTOR

BY

BE COMPLETED

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examiner must be notified at once.

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shows any injury, or other traumatic event,

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DIRECTOR: After the hours after death w

FUNERAL I

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IT

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, with the State Dent. of Health and Mental Hydele prior to burial, chemidion, or removal.
0020	ng physician. he burlal-transit
21215-	ital or attendir d for use as t
RYLAND	d by the hosp id be detache
RE, MAI	nay be retaine r, page 5 shou
BALTIMORE, MARYLAND 21215-0020	death. Page 6 r funeral director
	nours after d ed in by the i or removal.
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 2ª mours after death. Page 6 may be retained by the hospital or attending physician, this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran with the State Dent. of Health and Merital Hydiene prior to burial, cremation, or emporal.
BOX 6	ficate be exec physician and ne prior to bu
0S, P.O	he death certi the attending Mental Hydie
RECORE	equires that the en signed by of Health and
/ITAL R	AN: The law nificate has bei
OF.	PHYSICIA this certi

DIVISION OF VITAL RECOR HOSPITAL DR ATTENDING PHYSICIAN: The law requires that

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATN VEAG 91 2:05 6. AGE (In yrs. 7. DATE OF BIRTN B. BIRTNPLACE (State or Foreign lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 213-18-5787 Md. 1 - M 2 X F 9a. FACILITY NAME (If not institution, give 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Salisbury, Md. Salisbury Nursing Home Wicomico RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? 101 ZIP CODE 181 105 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. .. yes, specify Cubi FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 8+) SEN FOOG DOFFER 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, liam 19a INFORMANT'S NAME (Type/Print) 4801 TOME 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c, LOCATION — City DATE 3 🗆 P Burlat 2 - Cre 4 Donation 5 Other (Specify) AWSONIA Em 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 011 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or real allure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated aventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Nome 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO Accident 2 🗆 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death of 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SECINED Mouth, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EDDIE VELAZQUEZ, M.D., 1104 HEALTHWAY DRIVE, SALISBURY, MD. 21801 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE Pandalle 116

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IMPURIANT: II ITEM 26 IS MATREU, OF MEIT 23 SHOWS ANY MIJUTY, OF OUTER HAUMAND	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. I	NO.	
1. DECEDENT'S NAME (First, Middle, Last)	HARRY	L.	BIGGS	3		0, 1991	
4. SOCIAL SECURITY NUMBER 215-20-5893	1 M 2 🗆 F	67 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Oct. 6	, 1923	BIRTHPLACE (State or Foreig Country)  Md.
9e. FACILITY NAME (If not institution, give a  Memoria  RESIDENCE OF DECEDENT	treet and number)  1 hospital	1		mberland		9c. COUNTY	of DEATH
10e. STATE 10b. COUNTY	legany		ternp				10d. INSIDE CITY LIMITS?  1 YES 2 NO
100. STREET AND NUMBER 433 Hammond S				21562		10g. CITIZER	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 V YES IF YES, GIVE WAR OR I	2 NO	If yes, spe	ENDENT OF HISPA	NIC ORIGIN? (Specify on, Puerto Rican, etc.	Yea or No- 14	. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)			rk done during mo retired.)	st of working		BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last)		Westva	CO PIII		Pap	er Mani	ır.
	L. Biggs				essi <b>e</b> M		ler
19e. INFORMANT'S NAME (Type/Print)	II. DIEED	19b. MAILING A	DDRESS (Street a		Route Number, City or		
Dorothy Bigg	gs	433	Hammon	d St.,	Wester	nport.	Md. 21562
20e_METHOD OF DISPOSITION  ALL Burlel 2 Cremetion 3 Rem 4 Donatton 5 Other (Specify)	26	DE PLACE AND DATE (	OF DISPOSITION	/Name	DATE 20c	LOCATION CIT	
21. SIGNATURE OF FUNERAL SERVICE LIC		/	BOS BOS	d ADDRESS OF F	ick Fun	eral H	
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST	d	A CONSEQUENCE OF):					
PART II. Other eignificent condition		but not reaulting in	the underlying	g cause given in	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL:		OTHER:		6 Other (Specify)		
27. MANNER OF DEATH  1 Actual 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ		28d. DESCRIBE HO	OW INJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	ty — At home, farm, streetly)	reet, factory, offic	•	281. LOCATION (St. City or Town, S		Rural Route Number,
(Orizon Oris)	RCIAN: To the best of my kno						
29b. SIGNATURE AND TITLE OF CERTIFIE	Dag	i u	10-	29c, LICENSE NU		29d. DATE 5	RIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE Dr. Mark Sagir 31. DATE FILED (Month) 04 1991		ospital-4t		-Cumber	land, MD	21502	

	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OF	VIT	AL F	3EC(	ORD	S, P.	0.	BOX	13146,	C		PALTIMORE, MARYLAND 21203-3146	MORE	, MA	RYL	AND	2120	3-31	46
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within recommendation or attending physic	OR ATTENDING	PHYSI(	CIAN: T	he law	require	s that th	e death	certific	cate be	precuted wit	į	100	(	фонф ша	y be retai	ined by	the hospi	ital or at	tending	physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer man in the new of the burial	MRECTOR: Afte	r this ce	ertificate	has b	een sig.	ned by t	he aften	ding p	hysician	and comple	riety fills	日日日日	the beauti	digittor, p	age 5 sh	ould be	detached	for use	as the	burial
be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremultur, or many	ours after deal	th with to	the Stat	e Dept.	of Hea	afth and	Mental F	Aygiene	e prior to	burial, cre	matten,	Or name		-						
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the marked at most be notified at once.	em 28 ls m	arked,	or ite	ш 23	shows	any In	Jury, or	r othe	er traun	natic even	the i	medica	al examin	er must	be noti	fied at	once.			

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGIENE REG. NO.
1. OECEDENT'S NAME (First, Middle, Last) RICHARD ROW	LAND BLA	CKSON			2. DATE OF DEATH DAY 7- 17- 9
4. SOCIAL SECURITY NUMBER 2 14-10-8579	5. SEX 1 X M 2 F	6. AGE (In yrs. last birthday) 8 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Morth, Day, Year) 4-4-10
9e. FACILITY NAME (If not institution, give :	street end number)		9b. CITY, TOWN	OR LOCATION OF D	EATN

91 21304

	VLAND BLACKSON				MONTH 7-	17- 91	YEAR	1707
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN	8. BIRT	NPLACE (State or Foreign
214-10-8579	1 X M 2 □ F 8 ]	YRS.	MONTHS DAYS	HOURS MIN.	(Month, D. 4-4-		Coun	ARYLAND
Se. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN	OR LOCATION OF	DEATN	90	COUNTY OF	DEATN
PENINSULA GENERA	L HOSPITAL		SA	LISBURY			WICOMI	CO
10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	COMICO		SALISBU					1 X YES 2 NO
836 RIVERSIDE RO	NA D		10	of. ZIP CODE	1	10		WNAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DE	2180 CENDENT OF NISPA		Specify Yes or I		S.A. CE — American Indian, ck, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES TY	40		pecify Cuban, Mexic S 2 X NO Spec		in, etc.)		ck, White, etc. city: WHITE
15. DECEDENT'S EDU (Specify only highest grade	ICATION 16a. f	DECEDENT'S	USUAL OCCUPAT	ION lost of working	16b. KI	ND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12) 7 YEARS	College (1-4 or 5+)	life. Do NOT us	retired.) R-SALESI		1	BEER DI	STRIBU	JTOR
17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	fle, Malden Surn	ame)	
RICHARD (UNK) B		10b MAN (NC	ADDRESS (Owner		LAMAR			
LEONA BLACKSON				and Number or Rura				01
20a. METHOD OF DISPOSITION 7	-21-91 20b. PLAC			emetery, crematory or			ON — City or 1	Town, Stata
4 Donation 5 Other (Specify)	SPR			RY GARDE		HEBE	RON, MA	RYLAND
21. SIGNATURE OF FUNERAL SERVICE/LI	1 / CENSIER			LLOWAY F		HOME		
WK. Hal	Un h			SNOW HI			BURY. M	m 21801
IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Caraca A  DUE TO (OR AS A CONS	hale	t					Onset and De
	DOE TO (OH AS A COMS	SECUENCE OF						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO COR AS A CONS		Pier D	iseose		T-S-		Year
If any, leeding to immediate cause. Enter UNDERLYING			Pier D	iseose				Year
If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  d.	SEQUENCE OF	Pie D		n Part I, 24	e. WAS AN AUT	OPSY 24	Y COL
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  d.	SEQUENCE OF	Pie D			e. WAS AN AUT PERFORMEI	0?	AVAILABLE PRIOR TO
If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition	DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  d.	SEQUENCE OF	Pie D			PERFORME	0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONS  d  na contributing to death but no  HOSPITAL:	REQUENCE OF	F):		1	PERFORME	0?	COMPLETION OF CAUSE OF DEATH?
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR AS A CONS  d  na contributing to death but no  HOSPITAL: 1   Inpatient 2   ER/Outpetient	R resulting	In the underlyle	ng cause given in process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the pro	theck only one)	PERFORME: YES 2   pecify)	no	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending	DUE TO (OR AS A CONS  d  na contributing to death but no  HOSPITAL:	R resulting	28. In the underlyle  28. I  OTHER: 4   Nursing No	ng cause given in	theck only one)	PERFORME	no	AVAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?
If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF OEATN  1   Natural 5   Pending	DUE TO (OR AS A CONS  d	t resulting  3 □ DOA  28b. TIM	The underlyle 26. In the underlyle 26. In OTHER: 4   Nursing No IN IN IN IN IN IN IN IN IN IN IN IN IN	PLACE OF DEATN (Common 5 X Residence IJURY AT ORK?  YES 2 \( \square\) NO	1 theck only one) 6 Other (S 28d, DESCR	PERFORMER YES 2   pecify) HBE HOW INJU	no	AMALABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?  1 YES 2 NO
If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending Investigation  2 Accident   Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Inves	DUE TO (OR AS A CONS  c	3 DOA 28b. TIM IN.	Prime the underlyle 26. I OTHER: 4   Nursing No IE OF 28c. IN JURY M 1   street, factory, offed at the time, day	PLACE OF DEATN (Come 5 Residence IORK? YES 2 NO	theck only one)  6 Other (S  28d. DESCR  28f. LOCATI City or	PERFORMEI  YES 2   Pecify)  IBE HOW INJU  ON (Street and own, State)	D? NO RY OCCURED Number or Rural as stated,	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
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BALTIMOBE, MARYLAND 21215-0020 irs after death. Page G TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c.t. as after death. Page of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral tilling be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in

31. DATE FILEO (Month, Day, 1847)

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32. REGISTRAR'S SIGNATURE

Pandelle

1. DECEDENT'S NAME (First, Middle, Last)		0=11111111	ATE OF DEAT	I II	REG. NO.			
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219-12-394	M2 DF		ONTHS DAYS HOURS	MIN.	onth Day, Your	7/2	Apply 2 .	
9e. FACILITY NAME (If not institution, give	SELLINGS CONTRACTOR		b. CITY, TOWN OR LOCATI	ON OF OEATH	/ /	9c. COUNTY OF	OEATH	
Kent & Queen Anne	e's Hospital,	Inc	Chestertow	'n		Kent		
Kent & Queen Anno RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	KENT	10c. CITY, 1	OWN OR LOCATION	ON			10d. INSIOE CITY LIMITS?	
10e. STREET AND NUMBER  11. MARITAL STATUS  1 Naver Married 2 Married	#1		101. ZIP COD	678	7	10g. CITIZEN OF	WHAT COUNTRY?	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	NO	13. WAS DECENDENT Of the year, specify Cubic of the YES 2 000	in, Mexicen, Pue				
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) Coffege (1-4 or 5 +)	(Give kind of wor. Itte. Do NOT use r	k done during most of world	ng -	16b. KIND OF BUS	A Ric	200	
	JE 131	Row	N 16. MOT	HER'S NAME (FI	st, Middle, Melden	Sumeme)	= S	
190. INFORMANT'S NAME (Type/Print)  AMESSA	LUNGERS	19b. MAJLING A	DDRESS (Street and Number	or Rural Route A	lumber, City or Tow	, State, Zip Code)	ton, und	
20e, METHOD OF DISPOSITION DO Burlel 2 Cremetion 3 Rer 4 Donatton 5 Other (Specify)	moval from State 20b. I	PLACE AND DATE O		. 6	1 .41	CATION — City or	Town, State	
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	00	22. NAME AND ADDRE		1001	04	1	
1 Rem	eth W	Us,	20/	CAI	TER	Town	M	
23. PART I. Enter the diseases, or shock, or heart feliure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute	carde		ing, auch as o		T due	Approximata interval Betwee Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Pullu DUE TO (OR AS A C C. ASCV	CONSEQUENCE OF):	ly en	boo	lus	,		
	one contributing to death but  A + CON L	t not resulting in	tha undarlying cause	given in Part	24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
							1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOPPITAL			DEATH (Check on	ly one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tient 3 DOA 4	THER:	esidence 6 🗆 (	Other (Specify)			
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	1   Inpatient 2   ER/Outpat		OTHER:  Nursing Home 5 R  DF 28c, INJURY AT	esidence 6 🗆 (	Other (Specify)	NJURY OCCURED		
2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OTHER: Nursing Home 5 R OF 28c. INJURY AT WORK? M 1 YES 2	28d. NO 28f.	Other (Specify) DESCRIBE HOW I	and Number or Run	al Route Number,	
2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY – building, etc. (Specify (SICIAN: To the best of my knowle	28b. TIME INJUI	OTHER:  Nursing Home 5   R  28c. INJURY AT WORK?  1   YES 2    pet, factory, office  at the time, date and place	esidence 6 0 28d.  NO 28f.	Other (Specify) DESCRIBE HOW I LOCATION (Street City or Town, State)	and Number or Run		
2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	28e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, etc. (Specification)  (SICIAN: To the best of my knowle	28b. TIME INJUI	OTHER:  Nursing Home 5   R  OTHER:  Nursing Home 5   R  26c. INJURY AT WORK?  1   YES 2    set, factory, office  at the time, date end place In my opinion, death occur	esidence 6 0 28d.  NO 28f.	Other (Specify) DESCRIBE HOW I LOCATION (Street City or Town, State)	and Number or Run nner as stated. Indiduction the cous		

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PITAL, OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 TieLs after death	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	172 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
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STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	0	CERTI	IOAI				2. DATE OF	DEATH			3. TIME OF	DEATH
WILLIAM	ANDREW		BROW	INI		- 1	MONTH 7					
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday	_	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF			6. BIRTH	LACE (State	
100 28 5469	1 🔀 M 2 🗆 F	55 YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	7-193	5	III	nois	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE			9c. COUN	TY OF DE	ATH	
P.O.BOX 457 BER	RY COURT			CHES	TERT	'OWN			QUEE	EN A	NNES	COUNT
RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	ITY	10c, C	ITY, TOWN	OR LOCAT	ION				-		10d. INSIDE	CITY
Maryland Que	en Anne	Ch	ester	town	l						1 YES	
10e. STREET AND NUMBER				101	. ZIP COD				10g. CITIZ	EN OF W	HAT COUNT	RY7
P.O. Box Be	rry Court				216	20			USA	1		
11. MARITAL STATUS DIVORCE 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp If yes, specify Cuben, Maxican, Puerto Rican 1  YES 2  NO Specify:					(Specify Yea or No— 14. R san, etc.)			RACE — American Indian, Black, Whita, atc. Specify: White		
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT (Give kind of life. Do NOT Corp.	of work done use retired.)	during mo	ost of working	nage		IND OF BUS	INESS/IND	USTRY		
17. FATHER'S NAME (First, Middle, Last) William A	rmstrong				18. <b>м</b> от Не	len	ME (First, Mid Rebec	die, Meiden S ca Ar	Surname) t Z			
19a. INFORMANT'S NAME (Type/Print)			NG ADDRES		nd Number	Rosses	Poute Number,	City or Town	State, Zip	Code)	Md	216
Anita Vedder	O					Derr		7				210
20a. METHOD ON DISPOSITION 1 □ Burlat 2 □ Cremation 3 □ Re 4 □ Donation 6 □ Other (Specify) □	Cremation	of cemetary, cremate	ory or other	place)	7	14/9	1 DATE		er, I	•	wn, State	
21. SKINATURE OF FUNERAL SERVICE	LICENSEE	Capitol		. NAME A		SS OF FA	CILITY					
teril	Ois Col	001.						P.O.	Box	**		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that cause. List only one cause	aused the deeth. Do on each line.	o not ante		Illis			heste			Appr	oximate vai Betw
IMMEDIATE CAUSE (Final disease or condition	b. Due to (or	on each line.	o not ante								Appr	oximate vai Betw
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YES	oximate val Between the and De property Finding To no De Caus 2 No No Property Finding To no De Caus 2 No No Property Finding To no De Caus 2 No No Property Finding To no De Caus 2 No No Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To no Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To No Property Finding To

DHMH-16 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPARTME	NT OF I	HEALTH AND N	MENTAL HYGIEN		1 213		
		1. DECEPENT'S NAME (First, Middle  4. SOCIAL SECURITY NUMBER	5. SEX 6.	Nev 1411 AGE (In yrs. lest	in Edga	ET BET	HUNE  IF UNDER 24 HRS.	2. DATE OF GEATH	7 /99/	3. TIME OF DEATH 8-28  INPLACE (State or Forel)		
.AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 should once.	OR	175 14 3119   1 🖾 M 2 🗍 F   71 YRS  90. FACILITY NAME (# not institution, give eiteret end number)  Calvert Memorial Hospital				ETY, TOWN	OR LOCATION OF OE Frederic	10- <b>17</b> -19	9c. COUNTY OF DEATH Calvert			
	DIRECTOR		ounty alvert	IOC. OIT I, TOWN ON LOCATE			LOCATION			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO		
	FUNERAL	6413 Randle A	ve.			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA						
	ETED BY	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	ER IN U.S. ARM YES 2 NO OR DATES W II	MED O	If yes, sp	ENDENT OF HISPAN pecify Cuban, Maxican 2 NO Specify	SPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indi Bleck, White, etc. Specify: White					
		15. DECEOENT (Specify only higher Elementary/Secondary (0-12) 1 2	"S EDUCATION sl grade completed) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)					OF BUSINESS/INDUSTRY Manufacturing			
YLAN the hor detach	BE COMPL	17. FATHER'S NAME (First, Middle, L Neighlie	asi)	Bethune Alic					NAME (First, Middle, Melden Surname)			
MAR should	TOB	190. INFORMANT'S NAME (Type/Print Mary C. Bethur		196. MAILING ADDRESS (Street end Number or Rural R Same as 10 above								
BALTIMORE or the feath. Page 6 miles the funeral director val.		20a. METNOD OF OISPOSITION 1 % Burlel 2 Cremation 3 [ 4 Donation 5 Other (Specification of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control	y)			Cemete	ery 7-31	-91 Che:	cation — chy or the ltenham (			
760, sed within 24 nours aft completely filled in by 1 camption, or remo event, the medical	NO	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentiely liet conditions,	. Caratog	ent S	hoch.	dre	to Vent	as cardiac or resp totulan d	Irrhyth	Approximete Intervel Betw Onset and D		
P.O. BOX th certificate be ending physician I Hygiene prior to or other traus	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		BCLETT AS A CONSEOL		ard	tovasu	Man Drs	rease			
OF VITAL RECORE WYSICIAN: The law requires that the his certificate has been signed by with the State Dept. of Health and ked, or frem 23 shows any In-	MEDICAL	PART II. Other significent con S/P COTO HIJTORY U NY RUL  25. WAS CASE REFERRED TO MEDI- EXAMINER?	lentricular bobectomy	y par	sulting in the	My Can	Grause given in F Anewys Conf.	PERFOF 1 YES 2	MED?	b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
	BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investig	28e. DATE OF INJU (Month, Day, Ye.	Be. PLACE OF INJURY — At home, farm, street, tectory, office			e 5 Raaldence 8	8 Other (Specify)  28d. DEŞCRIBE NOW INJURY OCCURED				
ISIC TTENDI TTOR: A after de	ETED E	3 Suicida 8 Could n 4 Homicide determin	28e. PLACE OF INJ				•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
로 국 전 도	COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX	PNYSICIAN: To the best of my k AMINER: On the beels of examin	nowledge, deat	h occurred at the	e time, dete y opinion, de	end place, end dua to	o the cause(s) end mar	nner ee stated,	e) and menner ee state		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	O BE C	29b. SIGNATURE AND TITLE OF CEI	Sterner				29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)					
10		30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, Print)	032	1000	MA	2402	1		

3. TIME OF DEATH

1500

1991

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Hi<u>llery</u>

Issac

4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) March 18 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🔀 M 2 🗌 F 220 01 0208 YRS. 1917 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Calvert Memorial Hospital Prince Frederick Calvert RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert Lusby 1 YES Z NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rye Court 20657 USA or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 🔯 Widowed 4 🗌 Divorced Specify: white COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondery (0-12) mechanic County Government notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Holsworth Bowen Effie Bowen BE 19e. INFORMANT'S NAME (Type/Print) 24 hours after death. Page 6 may be retained 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kenneth Bowen P.O. Box 588 Solomons Maryland 20657 Pe 20e. METHOD OF DISPOSITION

1 X Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must director, Solomons U.M.C. Cemetery 7 29 91 Solomons Maryland Calvert 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Rausch Funeral Home 4405 Broomes Is. Rd. Port Republic Maryland and completely filled in by the burial, cremation, or removal medicai 23. PART I. Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one ceuse on eech line. intervai Batwean **IMMEDIATE CAUSE (Finsi** Onsat and Death the disesse or condition event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): arting disease DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantially list conditions, 9 if any, leading to immediate the attending physician d Mental Hygiene prior tr cause, Entar UNDERLYING CAUSE (Disease or injury other that initiated events DUE TO (OR AS A CONSEQUENCE DE) resulting in death) LAST injury, or PART II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? been signed by the pt. of Health and N 24b. WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO certificate has be h the State Dept. d, or item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY this c 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation ВУ 1 YES 2 NO After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is I 3 Suicide .00 ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the ceuse(e) end menner ee stated. COMPL 2 MEDICAL EXAMINER: On the beels of examinstion end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 7-25.91 27189 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ZAHIR 10 YOUSAF Prince Frederick 32 REGISTRAR'S SIGNATURE 2 9 1991 Julia Sairdson DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Bowen

2. DATE OF DEATH

July 25,

20° 20-5°

Mr. 1979 Shirting There

BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CER	RITICAL	E OF	DEATH		REG. NO.		
1)	1. DECEDENT'S NAME (First, Middle, Le		AC DET	т			2. DATE MONT	OF DEATH DA	7/28	
	ROBI							20	5 0	1/ 12:00 AH
	4. SOCIAL SECURITY NUMBER 578–34–8246	5. SEX	6. AGE (In yrs. leat bi	YRS. IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTN h, Day, Year)		B. BIRTNPLACE (State or Foreign Country) Washington, D.C.
	9e. FACILITY NAME (If not institution, gi	re street and number)		9b. CIT	Y, TOWN	OR LOCATION OF		4 sh 7 4 7		TY OF DEATH
E	Frederick Me	morial Ho	spital		Fred	lerick			Fr	ederick
DIRECTOR	RESIDENCE OF DECEDENT		-							
M	10a. STATE 10b. COU	NTY		10c. CITY, TOWN	OR LOCA	TION				10d. INSIDE CITY LIMITS?
ä	Maryland I	rederick			Mt.	Airy				1 YES 2 WO
7	10a, STREET AND NUMBER					I. ZIP CODE		- X	10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	4606 Highbor	o Ct.				21771				USA
ž	11. MARITAL STATUS	7	T EVER IN U.S. ARME	D 13	WAS DEC	ENDENT OF HISP	ANIC ORIGI	W? (Specify Yea		
	1 Never Merried 2 🔀 Married		YES 2 NO		If yes, sp	ecify Cuben, Mexi	cen, Puerto	Rican, etc.)		14. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF 1ES, GIVE Y	AN ON DATES		I 🗌 TES	Z (E) NO Spe	хну:			Specify: White
O	15. DECEDENT'S E			DENT'S USUAL (			188	. KIND OF BUS	INESS/INDU	
COMPLETED	(Specify only highest gi	ede completed)  College (1-4 or 5	Him De	kind of work done o NOT use retired.	during ma	est of working				
7	12	College (1-4 or 5		nstalle	er &	Repairm	an	Tele	phone	Co.
M	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S		_		
	Bernard	R. Bell						C. Mo		rick
BE	19a. INFORMANT'S NAME (Type/Print)		100	MAH ING ADDRES	00.70	and Number or Run				
9	Kathleen M. Be	+1				ick Rd.,				
	20g, METHOD OF DISPOSITION	<u> </u>								
	1 Buriel 2 Cremation 3 F	emoval from State	of cemetary, cr	ND DATE OF DIS rematory or other	place)		DAT			ity or Town, State
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE		Mount	Olivet		netery ND ADDRESS OF	17/3	I Fr	ederi	ick, Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-1			L. Mole		h. P.A		
	Uli 2.7	Notona	th							1d. 20872
	23. PART I. Enter the diseases, ahock, or heart fallu	or complications the	it caused the deet		r the me	ode of dying, a	ich aa car	diac or respi		
	IMMEDIATE CAUSE (Final	1	4/1 1			Emto	1-			Onset and Death
	disesse or condition resulting in death)	ucu	most	mont	40	CMT	usu	^		minutes
		DUE TO	(OR AS A CONSEQU	ENCE OF):	0					<b>Y</b>
Z	Sequentielly list conditions,	b								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEOU	ENCE OF):						
2	CAUSE (Diseese or injury	C.	(OR AS A CONSEOU	ELOE OD						
Ë	that initiated events resulting in death) LAST	DOE TO	(On AS A CONSECU	ENGE OF J:						
H		_ d								
	PART II. Other significant condi	tions contributing to	deeth but not rea	uiting in the u	ındəriyir	g cause given	in Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	COPD							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1   YES 2	NO	OF DEATH?
Σ				-						1 TYES 2 NO
Ž										
$\frac{1}{2}$	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	1	ОТНЕ		LACE OF DEATH	Check only o	ine)		
YSI	1 TYES 2 NO		ER/Outpatient 3	DOA 4 N		ne 8 🗆 Residend	_			
BY PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OI (Month, L	NJURY :	28b. TIME OF INJURY		JURY AT ORK?	28d, DE	SCRIBE HOW I	NJURY OCC	URED
3≺	1 Natural 5 Pending 2 Accident Investigati	on		M .	1 🗆	YES 2 NO				
	3 Sulcide 8 Could not	De building	OF INJURY — At home , etc. (Specify)	e, term, street, fa	ctory, offi	00	281. LO	CATION (Street of Town, State)	and Number	or Rural Route Number,
1	4 Homicide determine	4								
7	29e. CERTIFIER 1 CERTIFYING PI	YSICIAN: To the best o	f my knowledge, deat	h occurred at the	time, det	and place, and o	ue to the co	use(s) end ma	nner as state	nd.
COMPLETED	onal									ceuse(e) and menner as stated.
	29b. SKIN TURE AND TITLE OF CERT					29c. LICENSE N				
BE	290. SHAND ONE AND THE OF CENT	7:16				29c. LICENSE N	UMBER	1	29d. DATE	SIGNED (Month) Day, Year)
٩	30. NAME AND ADDRESS OF PERSON	MROW				11	0 >1	U		1/28/91
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF DEATH (ITEM	27) (Type, Print)	Th	101	1.1		Fo.	eD MOZMIZ
	IIIIKN J	. 611	2017	17 13	1	NCI	17 N		110	- P MJ CIT
	31. DATE PLED (Month, Day, 1997)  JUL 2 9 1991	July Davids	AR'S ABHARLES							
	JOE 8 9 1991	0								

BALTIMORE, MARYLAND 21215-0020	e nours after death. Page 6 may be many a by me more or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 about the use as the burial-bransit permit. Pages 1, 2, 3 should have after death with the State Dent of Health and Mental Hydeline prior to burial, cremation, or removal.	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be many a promoting physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur he flow within 72 hours after death with the State Dent of Health and Mental Hotelene orion to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Lest)	ESTON LOU	IS CAM	PBELL			2. DATE OF DEATHY MONTH	1419/91 YEAR	3. 10:55 p.m
SOCIAL SECURITY NUMBER 411-54-7230		AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS. HOURR MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/16/19	Cour	THPLACE (State or Foreign stry) NESSEE
RANCIS SCOTT KEY RESIDENCE OF DECEDENT		ENTER	9b		ALTIMORE		9c. COUNTY OF	DRE CITY
Da. STATE 10b. COUNT			10c. CITY, TO	BALTIM				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
DO. STREET AND NUMBER 5194 WRIGHT AVENU	UE.			10	21205			WHAT COUNTRY?
. MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2 X	MED IO	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify an, Puarto Rican, etc.) fy:	Spe	CE — American Indian, lick, White, atc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(G.	CEDENT'S USL ive kind of work Do NOT use re		ON at of working		BUSINESS/INDUSTRY	
7. FATHER'S NAME (First, Middle, Lest) ELISHA CAMPBELL					18. MOTHER'S NA BIAN	NCA MCKEN		
Pa. INFORMANT'S NAME (Type/Print)  MRS. OPAL LEE (S.	ISTER)	191				PARKS, MD.		
0a, METHOD OF DISPOSITION  M Burlal 2 Cremation 3 Rec  Donation 8 Other (Specify)		of cemetary	AND DATE OF	DISPOSITION	(Name	7/23 20c.	LOCATION — City or MBRIDGE,	
1. SIGNATURE OF FUNERAL SERVICE L	CUA 1 - BY	MI	JII	22. NAME A	ND ADDRESS OF FA	CILITY		
Sequentially list conditions, fary, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	c. 63	Ke int	DUENCE OF): DUENCE OF):	n				7 days 7 day 7 day
Pour nutritional	1 1	ath but not o	reaulting in t	the underlyin	g ceuse given ir	PER	AN AUTOPSY FORMED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outeration 1		THER:	LACE OF DEATH (C			
7. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	IURY	28b. TIME O INJURY ~5:30	9F 28c, IN.	JURY AT ORK?	8 Other (Specify)  28d. DESCRIBE HO	w injury occured se fire >	cigaretto
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN- building, atc.	Home	ome, farm, stre	et, factory, offi	ca .	28f. LOCATION (Street, Street,	et and Nicologia ate) 5/99/07/	Hillor, Rato
CONTROL ONLY	SICIAN: To the best of my NER: On the besis of axam							o(a) and manner as stated.
D. NAME AND ADDRESS OF PERSON W	Holama	YM /	), ( ±	ntern)	29c. LICENSE NO. 75	276	29d. DATE SIGN	ED (Month, Day, Year)
David Mark  1. DATE FILED (Month, Day, Year)	Kalainov 32. REGISTRARS	BUC	n Uni	t, FS	KMC,	Bultimor	e,40 =	21224
07/19/26	91 91	chia Davi	bon-par	rdell				

RYLAND 21215-0020

E .	Je 6 m	HECTOR.		must
BALITMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 mil	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimension		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
8	rs after d	1 by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dicai e
	4 hou	filled in	, or	е ше
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>	CIAN	ertific	the Si	0
Ö	PHYSI	this c	WITH	rked,
S O	DING	After	death	E Ha
S	TTEN	TOR	after	28
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR A	DIRE	hours	Item
	PITAL	ERAL	U 72	T: If
	HOS	FUN	with	TAN
	O THE	O THE	e filed	MPOF
	-	-	0	=

31. DATE FILED (Month, Day, Year)

26 '91

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				GIENE 3. NO.	
	1. OECEDENT'S NAME (First, Middle, Last)	EAN COMEAU				2. DATE OF DE MONTH July 25	ATH DAY Y	3. TIME OF OEATH  1:30 PM M
	4. SOCIAL SECURITY NUMBER  101-07-8203  90. FACILITY NAME (if not institution, give	1½ M 2 □ F 84	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIR (Month, Day, ' Jan. 18	TH s.	BIRTHPLACE (State or Foreign Country)  Canada
TOR	Bel Air Convaleso			Bel A				arford
JIREC	10a. STATE 10b. COUNT			rown on Locat				10d. INSIDE CITY LIMITS?  1X YES 2 NO
RAL	Maryland  100. STREET AND NUMBER  1610 Michelle Co	Harford ourt	10,	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	ZIP CODE 21050			N OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN acify Cuban, Maxicar 2 MO Specify	, Puerto Rican, e	cify Yea or No- 14	Black, White, etc.  Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Housing	k done during mo retired.)	st of worlding	100000	of Business/INDUS	
BE COMF	17. FATHER'S NAME (First, Middle, Last)  Innocent — Co	omeau	110001119		16. MOTHER'S NAI ROSE	ME (First, Middle,	Malden Sumame) Gaude	t 1s)
TO B	190. INFORMANT'S NAME (Type/Print) Ruth L. Comeau		19b. MAILING AI	Michell	nd Number or Rural A e Court,	Forest	or Town, State, Zip Co	d. 21050
	20e. METHOD OF DISPOSITION 1	novat from State of R.	b. PLACE AND DATE Of cemetary, crematory or A. Ferris	Cremato	ory 7-	27-91	W. Che	y or Town, State ster, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LI	McCou	10017	Howan	d K. McC	omas II	II Funera	1 Home, P.A. n.Md. 21009
	IMMEDIATE CAUSE (Final	complications that cause List only one cause on a	d the desth. Do not sch line.	antar tha mo	da of dying, suct	as cardiac o	r reapiratory arres	t, Approximate Interval Between
	disease or condition resulting in deeth)	a. ASC	A CONSEQUENCE OF):			1		Onset and Death
IFICATION		b. DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	sid	rellit	his		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OP AS I	CONSEQUENCE OF):  CONSEQUENCE OF):  A CONSEQUENCE OF):	Den	enti			
CAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OP AS I	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in	Den	enti	Part I. 24e.	MAS AN AUTOPSY PERFORMED? YES 2 \( \square\) NO	
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO (OP AS I	A CONSEQUENCE OF):  CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in	Devi	enti	Part I. 24e. 1	PERFORMED?	Onset and Death  Yellow  Yellow  Yellow  44b. WERE AUTOPSY FINDINGS  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	b. DUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP AS A d. OUE TO (OP A) OUE TO (OP A d. OUE TO (OP A d. OU	petient 3 DOA 4	Devithe underlyin  26. Pi  THER:  Nursing Hon	g cause given in	Part I. 24a. I I I I I I I I I I I I I I I I I I I	PERFORMED? YES 2   NO	Onset and Death  Yellow  Yellow  Yellow  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
CAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturat 5 Pending Investigation	b. DUE TO (OP AS I	patient 3 DOA 4	the underlyin  26. Pl  THER: Nursing Hon  OF 28c. IN.  W  M 1	g cause given in  ACE OF OEATH (Che to 5   Residence URY AT THEY YES 2   NO	Part I. 24a. 1	PERFORMED? YES 2 NO  IN) HOW INJURY OCCUI	Onset and Death  Yellow  Yellow  Yellow  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturat 5 Pending Investigation 3 Suicide 6 Could not be determined	b. DUE TO (OP AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR	patient 3 DOA 4 26b. TIME INJUF	the underlyin  26. Pl  THER: Nursing Hon  OF 28c. IN.  W  M 1	g cause given in  ACE OF OEATH (Che to 5   Residence URY AT THEY YES 2   NO	Part I. 24a. 1	YES 2 NO	Onset and Death  Yellow  Yellow  Yellow  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturat 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only) CERTIFYING Physical County Certifier Check only)	e. OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP AS A OUE TO (OP A OUE TO (OP A OUE TO (OP A OUE TO (OP A OUE TO (OP A OUE TO (OP A OUE TO (OP A	patient 3 DOA 4  28b. TIME INJUST  7 — At home, farm, strictly)	the underlyin  26. Pi  THER: Nursing Hon  OF  W  1   eet, factory, office  at the time, date	g cause given in  ACE OF OEATH (Che the 5   Residence SURY AT YES 2   NO a and place, and due	Part I. 24a. I I I I I I I I I I I I I I I I I I I	PERFORMED? YES 2 NO  with No No No No No No No No No No No No No	Onset and Death  Yellow  Yellow  Yellow  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturat 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only) CERTIFYING Physical County Certifier Check only)	b.  DUE TO (OP AS A  d.  OUE TO (OR AS A  d.  HOSPITAL: 1   Inpatient 2   ER/Out; 28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 4 28b. TIME INJUST  — At home, farm, strictly)  redge, death occurred on and/or investigation,	the underlyin  26. PI  THER: Nursing Hon  OF  W  M  1   eet, factory, office  st the time, date in my opinion, date	g cause given in  ACE OF OEATH (Che to 5   Residence URY AT THK? YES 2   NO a and place, and due	Part I. 24e. I I I I I I I I I I I I I I I I I I I	PERFORMED? YES 2 NO  Sity) HOW INJURY OCCUI (Street and Number or n, State) and manner as stated tace, and due to the o	Onset and Death  Yellow  Yellow  Yellow  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randara

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	,	CERTIF	ICATE OF	DEAT	H	REG. NO	).		7445 05 05454
	Cha	rles E. C	apino					3	7 YEAR	3. TIME OF DEATH
- 3	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	212-14-9007	1 🕅 M 2 🗌 F	75 YRS.		I I I I I I I I I I I I I I I I I I I	met.	09/11/19:			wick, MD
_	9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN		N OF DE	ATN	9c. CO1	UNTY OF DE	ATH
6	Meridian Nursing	Center		Frede	cick			F	reder	ick
ច្ច	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CI1	Y. TOWN OR LOC	ATION					tod. INSIDE CITY
DIRECTOR	Maryland Frede	rick	D	runswic						LIMITS?
	10e. STREET AND NUMBER	IICK			Of, ZIP CODE			10a CI		AT COUNTRY?
2	1201 E. Maple Te	rrace			21716				USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13, WAS DE			IIC ORIGIN? (Specify Y		14. BACE	- American Indian,
BY FI	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES 2 NO	If yes, a			n, Puerto Rican, atc.)		Black, Specify	White, atc.
8	15. DECEDENT'S EDUC. (Specify only highest grade of		18e. DECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF B	JSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT L	ise retired.)	iost or working	9				
COMPLETED	6		Carman	Helper			B&O RR	, Bru	nswic	k, MD
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAI	ME (First, Middle, Melde	n Sumame)		
BE	Louis Capino				Mir	nie	Estelle (	Oden		
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (Street	and Number	or Rural F	Route Number, City or To	wn, State, Z	(ip Code)	
-	Thomas E. Capino		13 N	· Maryla	and Av	re.,	Brunswick	c, MD	)	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo	val from State	20b. PLACE OF DISPO	SITION (Name of c	emetery, crem	atory or			- City or Tow	
	4 Donation 5 Other (Specify)		Mt.	Olivet				ederi	ck, M	D
	21, SIGNATURE OF PUNERAL SERVICE LICE	0 1	1/1/		TATE		ams Funera	1 Uc	mo	
	Baroara A. Wil	liams. Fu	neral Dir.				le Rd., B			MD 21716
	23. PART i. Enter the diseases, or conshock, or heart fellure. LimmeDIATE CAUSE (Final disease or condition resulting in death)	lst only one cause	on each line.					piratory s	rrest,	Approximete interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE O							
	PART II. Other significent conditions	contributing to des	eth but not resulting	in the underlyl	ng cause g	iven in				WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							1 (1 YES	PRMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF D	EATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER:	me 5 🗆 Re	sidence	6 Other (Specify)			
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJ		WE OF 28c. II	JURY AT		26d. DESCRIBE HOW	INJURY O	CCURED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, )	our) IN		YES 2	NO				
TED BY	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)	streat, factory, of	lca		261. LOCATION (Stree City or Town, State	t and Numb	ner or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	CIAN: To the best of my								and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	- 1	4 4		290: LICE	NSE NUN	ABER	29d. D/	ATE SIGNEO	(Month, Day, Year)
0	~/(1	sland	MI	>	D.	22	037	•	7-2.	3-91
٢	30. NAME AND ADDRESS OF PESON WHO	610	NINTH	e, Print) AJE		Bn	42501	ck.	MD	21716
	JUL 26 1991 July	a Day doon-R	SIGNATURE							

d for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Sours after death, Page 6 may be instant 10 THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page \$ be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not

BALTIMORE, MARYEAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Items 25,27,28a-f, FOR STATE REGISTRAR		CERTIFICA	ATE OF	DEATH		REG. NO.		11 6	101
1. DECEDENT'S NAME (First, Middle, Last)  Ruth  4. SOCIAL SECURITY NUMBER	Cunningha			•	MONTH	25	3 9	SAR 3. TIME OF	10 A
178-16-5860  98. FACILITY NAME (If not institution, give str	1 - M 2 VF 8/12/1	11 79 YRS. MON		HOURS MIN.	8	Day, Year)	9c. COUNTY	Mary lan	1 11
Washington Co	ounty Hos	pital	Hage	rstown	IM	D		ashing	iton
100. STATE 10b. COUNTY FY	ranklin		EEN C	1 1		***	10 - 0/7/75	10d. INSIDE	87 2 NO
2. 11.	amsport	Pike		172:	25		u	.S.A.	2
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF HISPA colfy Cuban, Mexico 2 NO Specia	en, Puerto R		or No- 14	RACE — America Black, Whita, etc. Specify: Wh	i te
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use refi	done during mos ired.)	N st of working	16b.		pital	TRY	
17. FATHER'S NAME (First, Middle, Last)	illiam D. Wea			16. MOTHER'S NA			Surname)		
W 1 19a, INFORMANT'S NAME (Type/Print)	illiam D. Wed		RESS (Street =	Bert	ha Ho		n. State 7io C	ode)	
Lloyd G. Cunni	ingham			amsport					7225
20s. METHOD OF DISPOSITION 1 % Burlal 2 Cremation 3 Remo	oval from State 206	PLACE AND DATE OF	DISPOSITION	(Name	DATE	20c. LO	CATION — CIN	v or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Zimulio	٠-٦٠	22. NAME AN	merman A Greencas	and Sc	n Fun	eral H		
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IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES  27. MANNER OF DEATH  28. Accident  3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A  DUE TO (OR AS A  d.  HOSPITAL: 1Impatient 2 ER/Outp  26e. DATE OF INJURY (Adorth, Day, Year) 6/24/91 26e. PLACE OF INJURY ER: On the basis of axamination	consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence of):  consequence	28. Pt  THER: Nursing Hom  To all the time, data on my opinion, d	g cause given in  ACE OF DEATH (C)  TO S Residence  URY AT  RK?  YES 2 NO  e  and place, and du  leath occured at th	heck only on  Golden  Bubje  28d. DES  Subje  Concept the cause time, data	24e. WAS AN PERFOR	AUTOPSY IMED?  NO  NJURY OCCU  Ided white and Number or any any any any any any any any any any	24b. WERE AUTO AMAILABLE COMPLETIC OF DEATH? 1 YES  RED ile shower Rural Route Numbe Williamsp	OPSY FINDING TO ON OF CAUST OF Pi

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAN			11111110	7			ned. II			
	1. DECEDENT'S NAME (First, Middle, Last EM129	en EMILY W	ISE CAT	<b>OR</b>				2. DATE OF DEATH-	<b>√20/9</b>	LYEAR	3. TIME-OF DEATH A
31	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	F UNDER T YEA		NOER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	21.4-07-9702 217-04-9702	1 🗆 M 2 💢 F	88	YRS.	ONTHS DAY	'S HOU	RS MIN.	(Month, Day, Year)	ا دما	Country	
		77	80					04/15/19		MTY OF DE	RYLAND
	Sa. FACILITY NAME (If not institution, give	e street and number)		,	b. CITY, TOW	N OR LOC	CATION OF DEA	ATH	9c. COU	NTY OF DE	EATH
6	GLASGOW NURSING	HOME			CAM	BRID	GE		DO	RCHE	STER
DIRECTOR	RESIDENCE OF DECEDENT										95
2	10e. STATE 10b. COU	NTY		10c. CITY, 1	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
ā	MARYLAND DO	DRCHESTER			CAMB	RTDG	E				1 YES 2 NO
7	10e. STREET AND NUMBER					10f. ZIP (			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	215	1700					1610				
쀨	315 MILL STRI				1		1613				U.S.A.
5 1	11. MARITAL STATUS	12. WAS DECEDEN' FORCES? 1	YES 2 N	O				C ORIGIN? (Specify ), Puerto Ricen, etc.)	ree or No	Bleck	— American Indian, , White, etc.
BY	1XX Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W					NO Specify:		- 1	Specif	
	3   1100000									MHI.	TE/CAUC.
COMPLETED	15. OECEDENT'S E (Specify only highest gr		16a, DE(	CEDENT'S US	SUAL OCCUP	ATION	rorkina	16b. KIND OF E	USINESS/IND	DUSTRY	
<u></u>	Elementary/Secondary (8-12)	College (1-4 or 5 +		Do NOT use i	retired.)	,					
리	12th		ASS	ISTAN	T TRE	ASUR	ER	CIT	Y GOV	ERNM	ENT
2	17. FATHER'S NAME (First, Middle, Last)					16.1	MOTHER'S NAM	AE (First, Middle, Maid	en Surneme)		
		PDAWEDC CAT	TOD			1.5.1		HARRIS			
BE	THOMAS BROOME	LKAVERS CA.									
2	19e. INFORMANT'S NAME (Type/Print)				His way			loute Number, City or			
F	MRS. DORIS K. LI	EWIS	3	347 G	OLDEN	HIL	L ROAD	, CHURCH	CREEK	, MD	. 21622
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT	ION (Name o	cemetery,	cremetory or	20c.	LOCATION —	City or To	wn, State
	1 Buriel 2 X Cremation 3 R	temoval from State	SAT.TS	BURY	CREMA	TORV	,	9	ATTORI	TR V	MARYLAND
	21. SHEHARURE OF FUNERAL SERVICE	LICENSEE //	- DAIDLE	DORI			DRESS OF FAC		шторс	,,,,	I II II II II II II II II II II II II I
	0.,	1 /61		OA							300
	Delles Do	101-11	01X 1 100	U .	CU	RRAN	FUNER	AL HOME	OH M		01/10
	23. PART J. Enter the diseases,	or compilesting the	t coursed the de	eth Do no	3U	X HU	dulas ausi	, CAMBRII	Nation of		21613 Approximate
		re. List only one ceu			t outer the	mode of	dynig, suci	res cerdiec or re	spiratory er	rout,	intervel Between
	IMMEDIATE CAUSE (Final										Onset and Deeth
- 1	disease or condition	CONG	ESTIL	E	META	487	FA	4 CURE			405
	resulting in death)	a. CONG	(OR AS A CONSEC	DUENCE OF):							
_		- ATHA	POSC	1-120	0515	~					4RS
CERTIFICATION	Sequentielly list conditions,	D	(OR AS A CONSE		1 -						+
E	If any, leading to immediate cause. Enter UNDERLYING		(								
3	CAUSE (Disease or injury	C									
쁜	that initiated events	OUE TO	(OR AS A CONSE	QUENCE OF):							
E	resulting in death) LAST	d									
Ö											
4	PART II. Other aignificant condi		death but not r	esulting in	the under	tying cau	use given in	Part i. 24a. WAS	AN AUTOPSY ORMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
5	HIYPERTET	D 210K							2 NO		COMPLETION DF CAUSE OF DEATH?
MEDICAL									C		1 TYES 2 NO
_								—			· - rear Pariso
PHYSICIAN:										1_	
3	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		1.	QTHER:	6. PLACE	OF DEATH (Ch	eck only one)			
S	1 TYES 2 NO		☐ ER/Outpetient 3	□ DOA		Home 5	Residence	6 Other (Specify)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF		28b. TIME		INJURY .	AT	28d. DEŞCRIBE HO	W INJURY O	CCURED	
	1 Natural 5 Pending	(Month, E	Zery, Team()	INJU		WORK?	2 NO				
ВУ	2 Accident Investigati		OF INJURY — At he	one form str	met factory	office		28t. LOCATION (Str	et and Numb	or or Burnt	Boute Number
ED	3 Suicide 6 Could not	be building	etc. (Specify)	arrey rearring act	oot, motory,	011100		City or Town, S			, water transpary
E	Tronsciae Sectionists								-		
7	29a. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of	f my knowledge, de	eath occurred	at the time,	date end	place, end due	to the cause(e) end	manner as et	ated.	
COMPLET	(Check only										e) end manner ee stated.
8							-1 -211.01				
ш	296. SIGNATURE AND TITLE OF CERT	TIFIER	6				LICENSE NUI		29d, DA	TE SIGNE	D (Month, Day, Year)
8	Michael a. M	Ustreu-	1	_		4	2-166	07	1 7	126	19/
2	30. NAME AND ADDRESS OF PERSON		SE OF DEATH (ITE	M 27) (Type, I	Print)						
	No.	Mosker	1	m	. 50	73	BURIN	JT. CA	uBRIS	DOE	MD a 1613
	,	*			- 00	A	_ /~	Y/11			02.00
	31. DATE FILED (Month, Day, Year)	32. HEUISTR	AND INTERIOR OF THE	nde 90							
	111 24 91	4:	AR'S SIGNATURE	.,, ,,,,							
		1.4									

3. TIME OF DEATH

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phases It is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

Elizabeth Caphas	MONTH 21, 91 2130 PM
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Mai birthdey) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	4 HRS. 7. DATE OF BIRTH (Month, Pey, Yeas) 8. BIRTHPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, give street and number)  9e. FACILITY NAME (If not institution, give street and number)  9e. CITY, TOWN OR LOCATION	N OF GEATH 9c. COUNTY OF DEATH
Hane Can	ridge Darchester
RESIDENCE OF DECEDENT	
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMDE? 1 1 2 YES 2 □ NO
106. STREET AND NUMBER 101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?
	13 4.5.A.
1 Mayor Merriad 2 Merriad FORCES? 1 YES 2 NO If yes, specify Cuber,	HISPANIC ORIGIN? (Specify Yee or No— Mexicen, Puerto Ricen, etc.)  14. RACE — American Indien, Black, White, etc.
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 MO	specify: specify Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Spec
15. OECEOENT'S EOUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)	16b. KINO OF BUSINESS/INOUSTRY
Elementery/Secondary (0-12) College (1-4 or 5 +)	
17. FATHER'S NAME (First, Middle, Last)  18. MOTHE	ER'S NAME (First, Middle, Melden Surname)
19e. INFORMANT'S NAME (Type/Print) , 19b. MAILING APORESS (Street and Number of	SADE//RUTE Route Number, City or Town, State, Zip Code)
Elizabeth Wattond 930 Vivest	Campridge M6,216/3
20s. METHOO OF OISPOSITION  1 Buriel 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, creme other place)	etory or 20c. LOCATION City or Town, State
4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS	SOF FACILITY
Danelle CA Hour	1 - Fine (4/ ( 1 M)
23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dyin	
ehock, or heert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final	Interval Between Onset and Death
disease or condition resulting in death) s. Cours sfring Ready	cone DAYS
DUE TO FOR AS A CONSEQUENCE OFF:	LERE VEARE
Sequentielly list conditions, out to (or as a consequence of):	1 471/
CAUSE (Disease or Injury	
thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST	
d,	
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse gi	Iven In Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
Leading die Prais	OF DEATH?
The way	1 Tes 2 No
EVAMINED?	ATH (Check only one)
1 VES 2 1 NO A Specific A Resident 3 DOA 4 Nursing Home 5 Res	eldence 8 🗆 Other (Specify)
27. MANNER OF DEATH  28e. DATE OF INJURY  (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 NURY AT WORK?  1 VES 2	28d. OEŞCRIBE HOW INJURY OCCURED
2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
4 Homicide determined	
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, one)  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	NSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	106449 > 7,23,91
R. NORTON HALL, MID. 17 ERAMICIN 11	T, CAMBAPIACE, MD 21613
31. OATE FILED (Month, Day, Year)  22. REGISTBAR'S SIGNATURE  Fulia Davidson-Annal	

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		FOR	
1	-	STATE	
		REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR						DEATH		REG. N			
1. DECEDENT'S NAME (First, Middle	Last)							OF DEATH			3. TIME OF DEATH
Jose	ph Co	nrad		CLE	EMMO	NS	MONT Ta	" 11v 3	DAY 1 0	YEAR	0852
4. SOCIAL SECURITY NUMBER	5. SEX		In yrs. last birth		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	VIII	8. BIRT	HPLACE (State or Forming
238 10 9998 9a. FACILITY NAME (If not institution	1 M 2	, , ,	7 YF	RS. MONTH		HOURS MIN.	5 2	n, Day, Year) 2 14		Nor	th Carolir
Calvert Memo	rial Hos					or Location of eFreder				lve:	
RESIDENCE OF DECEDE	OUNTY		1 40-	. CITY, TOWI							
	alvert		100	Port							10d. INSIDE CITY LIMITS? 1 YES 2 M NO
10e. STREET AND NUMBER					10	Of. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
3175 North Ave						20676			U	SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	EDENT EVER IN 1 YES IVE WAR OR DA	2 NO	1	If yes, s	CENDENT OF HISP pecify Cuban, Maxie S 2 NO Spec	can, Puarlo	t? (Specify Y Ricen, etc.)	ea or No		E — American Indian, ik, White, atc.
15. DECEDENT (Specify only highes	S EDUCATION I grade completed)		16a. DECEDE	NT'S USUAL	OCCUPATI	ION lost of working	168	. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4	or 5 +)		or use retired L make	-	lost of working	١,	Vation	221 6	0.001176	ity Agency
17. FATHER'S NAME (First, Middle, Li	st)			- Interre		18. MOTHER'S N				ecur.	icy Agency
James L, Clemmo						Lula N			or cornaine)		
19a. INFORMANT'S NAME (Type/Prin	ALBERTA M	CLEMMONE	19b. MAI	LING ADDRE	ESS (Street	and Number or Rura			wn, State, Z	ip Code)	
Attert M. Clem	ions			as ‡	<sup>‡10</sup>						
20a. METHOD OF DISPOSITION 1 DEBuriet 2 Cremetion 3 C 4 Donetton 5 Other (Specify	Removal from State	20b. Seme SO	PLACE AND DA	or other plec	osition (N	gardens	8/2/	1	ocation – lkirki		
04 010MATHER CT THE	CE LICENSEE			2	2. NAME A	ND ADDRESS OF F	ACILITY				
23. PART I. Enter the disease shock, or heart fa disease or condition resulting in death)	. Acut	e Pre	leuke	Do not ent	er the me		ch aa card	flac or rea	piratory ar	rest,	Approximate interval Setwo
23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Acut	e Pre	leuke	Do not ent	er the me	ode of dying, au	ch aa card	flac or rea	piratory ar	rest,	Approximate Interval Between Onset and De
23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate	a. Acut	e Pre	leuke	Do not ent	er the me	ode of dying, au	ch aa card	flac or rea	piratory ar	rest,	Approximate interval Setwo
23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Acut  b. Due  c. Due  d	e Pre ETO (OR AS A	Leuke  Consequence  Consequence  Consequence	Do not ent	Sync	drome w	ith	Seve	PICE A	nemi	Approximate Interval Setwo Onset and De La
23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other significant conditions.	a. Acut  b. Due  c. Due  d. ditions contributing	e Pre ETO (OR AS A	Leuke  Consequence  Consequence  Consequence	Do not ent	Sync	drome w	ith	Seve	PICE A	nemi	Interval Betwee Onset and De La
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IMPORTANT: If them 28 is marked, or filem 23 shows any Injury, or other traumatic event, the medical examiner must be not

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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N	17. FATHER'S NAME (First, Middle, Last)			- Inc	CHUITTO						
BE C	Hilmer E. Carlso	n					nnie	ME (First, Middle, Meiden  e Cecilia		er	
	19s. INFORMANT'S NAME (Type/Print)	-	196	MAILING	ADDRESS (Stree			Route Number, City or Tow			
2	Annie C. Carlson				ne as #			out realized, only or low	rr, State, Zip t	COOH)	
l	20s. METNOD OF DISPOSITION 1 ☐ Burlel 2 🎇 Cremation 3 ☐ Remo	week from State			OF DISPOSITION (	lame of		DATE 20c. LO	CATION — C	City or Tow	n, Slate
	4 Donetion 5 Other (Specify)	vali from State	Metror		<sub>ther place)</sub> can Crei	natory	7.	/25/91 Ale	xandr	ia V	A
ŀ	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22. NAME	ND ADDRE					•
	* William K.	94-			Paus	ch Fi	mar	al Home O	wings	MD	20726
$\neg$	23. PART I. Entar the diseases, or co	omplications that c	aused the day	th. Do r	ot enter the m	ode of dvi	ng eucl	h se cerdise es rees	wings.	, PID	
	anock, or mant failure. L	lst only one cause	on each line.		over action tring to	oda bi dyi	my, auci	r as cardiac or respi	ratory arra	ist,	Approximata Interval Batwean
	IMMEDIATE CAUSE (Final disease or condition		arci	(0 ()		1	/	~~			Oneat and Death
	resulting in death)	DUE TO (O	R AS A CONSEO	HENCE OF	V (8 )	<i></i>		-			O words
ا ہ		552 15 (5)	I AS A CONSEC	DENCE OF	"						
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OI	R AS A CONSEO	UENCE OF	j:						
3	cause, Entar UNDERLYING CAUSE (Disease or Injury										
	that initiated eventa	DUE TO (OF	AS A CONSEC	UENCE OF	7:						
	resulting in death) LAST										
5	PART II. Other algnificant conditions	eostributing to de	oth but not re	andelm = 1							
8   8	Chronic o	p 2400	4:18	(1)	J WOK	ng cause g	liven in	Part I. 24a. WAS AN PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ᅙᆙ		, 3 6 4 6		0				1 _ YES 2	NO		COMPLETION OF CAUSE OF DEATH?
M					01	260	<u> </u>	_		1	☐ YES 2 ☐ NO
¥	25. WAS CASE REFERRED TO MEDICAL										
<u> </u>	EXAMINER?	HOSPITAL:		/	OTHER:	LACE OF D	EATN (Che	ck only one)			
BY PHYSICIAN:	27. MANNER OF DEATN	1 Inpatient 2 El					sidence	6 Other (Specify)			
<u>-</u>	1 Natural 5 Pending	(Month, Day,		28b. TIMI INJ	URY W	JURY AT DRK?		26d. DEŞCRIBE NOW II	HJURY OCCL	JRED	
	2 Accident Investigation	26s. PLACE OF IN	IIIDV - Al borr	to form o		YES 2	NO				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc.	(Specify)	NO, EMPTEL, IS	trees, rectory, on	ce		261. LOCATION (Street a City or Town, State)	nd Number o	ir Runal Rou	ita Number,
	29s, CERTIFIER										
M M	(Check only 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, deal	th occurre	d at the lime, dat	s and placs,	and dus	lo lhe cause(s) and man	ner sa stater	d.	
5	2 MEDICAL EXAMINER	On the besis of sxam	instion end/or in	vestigation	n, in my opinion,	death occur	ed at the t	time, dats and place, an	d due to the	CSUSe(S) S	and manner as atsted.
u l	296. SIGNATURE AND TITLE OF CERTIFIE		1	X			NSE NUM		29d. DATE	SIGNED (A	fonth, Day, Year)
2	MYD	~	-	0	*	200	16	010	▶ 7	-5	5-8/
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)						/
	Craig Jeschke	M.D.		Ow	ings,	Mary	land	20736	)		<i>'</i>
	31. DATE FILED (Month, Ony, Year)	32 REGISTRAR'S	SIGNATURE	1.00							
	JUL 3 0 1991	guna van	dson-Man	مسمد							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be not set that the third page 6 may be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set to be not set DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hospital or attending physician.

Mached for use as the burial-transit permit. Pages 1, 2, 3 should

MARYDAND 21215-0020

BALTIMORE

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AL OH ALLENDING PRISICIAM: THE SAW TEQUINES DISCURE UP AND CERTIFICATE DE EXECUTED WITHIN 24 hours after death. Page 6 ma	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, said. § Access 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	f item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be more
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5	DIR	ten
J	72	=

1. DECEDENT'S NAME	(First, Middle, Last)				ICATE OF			2. DAT	REG. NO	,		3. TIME OF DEATN
MxM	XXX Matt	ie			CHASI	Ξ		MON*	27	19	YEAR	11:49 A
4. SOCIAL SECURITY	NUMBER	5. SEX		s. last birthday)	IF UNDER 1 YEAR	IF UNDER			OF BIRTH		8. BIRTI	PLACE (State or Foreign
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RESIDENCE OF		RIAL HO	SPITA.	L	PR.	INCE	FKI	SDE	RICK		ALV.	ERT COUNT
toe. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION						tod. INSIDE CITY
Maryland	Ca1	vert			Chesap	eake	Bear	ch				LIMITS?
10e. STREET AND NUM						f. ZIP CODE			-	10g. CIT	ZEN OF	VNAT COUNTRY?
	Street						732		•		USA	
1t. MARITAL STATUS  1 Never Married	2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO NO	13. WAS DEC	CENDENT O	F NISPAN	IC ORIGI	N? (Specify Ye Ricen, etc.)	or No-	14, RACI Black	- American Indian, k, White, etc.
3 Widowed 4		IF YES, GIVE V	WAR OR DATES			2 NO			.,,		Spec	w Black
15.	DECEDENT'S EDU	CATION	160	DECEDENT'S	USUAL OCCUPATI	ON		160	b. KIND OF BU	SINESS/INC	DUSTRY	
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17. FATNER'S NAME (FI	rst, Middle, Last)  S Chase								Middle, Maider	Surneme)		
190. INFORMANT'S NA							ry N					
	M. Chas	9.0			ADDRESS (Street							7722
20a. METHOD OF DISP		36	200 01 0		th Stre		nesa	_				
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21. SIGNATURE OF FUN	IERAL SERVICE LI			oungs	22. NAME A	ND ADDRES	S OF FAC	φ/ Z				
> Spe	mer	E. Sen	rell						1451	Dar	es B	each Rd.
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 199<sup>YEAR</sup> 26 PAUL HAROLD CLAYTON 12:00 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign 1 🔯 M 2 🗌 F DAYS 220-32-6659 Sept. 21,1935 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGE MEDICAL CENTER PRINCE GEORGE CHEVERLY 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Calvert Owings 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 198-B Fowlers Road 20836 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5 +) 0 - 11Custodian 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Landon Clayton BE Ada Rawlings 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 9 Joyce Clark 1710 Dutch Village Dr. Landover, Maryland 20785 20b. PLACE AND DATE OF DISPOSITION (Name of 206. METHOD 2 ☐ Cremetion 3 ☐ 4 ☐ Donatton 5 ☐ Other (Specify) DATE 20c. LOCATION — City or Town, State Mt. Hope Church Cemetery 8/1/91 Sunderland, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1451 Dares Beach Rd. Kencer Sewell Funeral Home Prince Frederick, Md 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) TO (OH AS A CO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO 1 NYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpetient 2 X ER/Outpetient 3 □ DOA OTHER: XXYES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 26 19919:48A M 1 TYES XX NO DRIVER IN AUTO/TRUCK IMPACT BY 2 Accident
3 Suicide 26e. PLACE OF INJURY — At home, term, street, factory, office COMPLETED 28f. LOCATION (Street end Number or Rural Route Number, 6 Could not be 4 Nomicide HÜNTINGTON, MARYLAND ROUTE 2-PUBLIC HIGHWAY 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. XX MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner as stated. 396. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1991 OCME ▶ 07 27 2 TED CAUSE OF DEATN (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLE D 111 PENN STREET BALTIMORE, MARYLAND 21201 32. LEGISTRAPS SIGNATURE GANDAGE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	4. SOCIAL SECURITY NUMBER 227-18-8880 96. FACILITY NAME (If not institution, give	1 □ M 2 🖾 F 7 (	yrs. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-18-		Counti	ginia
TOR	Doctors Hos				nha						George
DIRECTOR	10a. STATE 10b. COUN	nne Arundel		r, rown o							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 956 Fallridge	Wav			101	ZIP CODE			US.		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	1	MAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify on, Puerto Rican, atc.)			E — American Indian, k, Whita, etc.
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BE	17. FATHER'S NAME (First, Middle, Last) Charles Jones  190. INFORMANT'S NAME (Type/Print)		10b MAII IN	3 ADDRESS	(Street e	Vi	rgi	ME (First, Middle, Meid nia Eva Poute Number, City or 1	ns	In Code)	
입	Edward L Jone		956 I	Fall	rid	ge W		Gambri	lls,	MD	
	20a. METHOD OF DISPOSITION 1 Grant Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface Sur	emoval from State	PLACE AND DATE of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	ema	tor	У	La.	Ba	location -		
	21. SIGNATURE OF FUNERAL SERVICE	Challe		H	ard		Fu	пегаl H is Road			
	23. PART I. Enter the diseases, o shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)	a. Acute Co	consequence					1	ine		Approximete interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  OUE TO (OR AS A	CONSEQUENCE		d	ne si	0	oly		2	
PHYSICIAN: MEDICAL C	PART II. Other algoliticent conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the co	one contributing to death be	ot not resulting	In the ur	derlyin Le	tel	Yel	PERF	AN AUTOPS' FORMED? 2   NO	7 241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	etlant 3 🗆 DOA	OTHE!	₹:	1_02		8 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF JURY M		URY AT PRK? YES 2	] NO	28d. DESCRIBE HO	W INJURY O	CCURED	
	3 Suicide 8 Could not b 4 Homicide determined		— At home, farm,	street, fact	ory, offic			281. LOCATION (Stre City or Town, Str		er or Rural	Route Number,
COMPLETED	TORROW OTHER	YSICIAN: To the best of my knowl									a) end manner as stated.
H	29b. SIONATURE AND TITLE OF CERTIF	Kehna	ero	94		29c. LICI	2	MBER 0/08	29d. D/	TE SIONE	25/9/
2	30. NAME AND ADDRESS OF PERSON Y	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (100)	AR型SH 1430	O Gal	ant Fo	x Lar			, , ,	
	JUL 26 1991	Julia Davidson-Rom	ATURE CARL	86	WIE!	MD 20	9715				

PP 32 30

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY		ATE OF DEATH	REG. NO	).	
1. DECEDENT'S NAME (First, Middle, Mary Elizabet	*	U.S.	- 24	2. DATE OF DEATH MONTH 07/17/9	DAY YE.	3. TIME OF DEATH 02:35A
4. SOCIAL SECURITY NUMBER 200-36-8423	5. SEX 6. AC		UNDER 1 YEAR IF UNDER 24 HRS		*. E	Country) enna.
9a. FACILITY NAME (If not institution, Sacred Heart H RESIDENCE OF DECEDER		96	city, town or Location of Cumberland	OEATH	9c. COUNTY	
	Somerset		own or location is bury		*	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 119 S. Gran	t St.		101. ZIP CODE	5558	10g. CITIZEN	OF WNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE	ES 2 X NO	13. WAS DECENDENT OF NIS If yes, specify Cuban, Mes 1  YES 2 NO Specify No	dcan, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12)	College (1-4 or 8 +)	100000000000000000000000000000000000000	done during most of working tired.)	300 100 100	JSINESS/INDUST	
17. FATHER'S NAME (First, Middle, La	2 yrs. ank F. Petr	Homema y	16. MOTHER'S	NAME (First, Middle, Maide rie Licht		ie
19a. INFORMANT'S NAME (Type/Prin Betty C. Pet		R.D.	DRESS (Street and Number or Rull, Box 140,	Salisbur	y, PA	15558
29a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 C  4 Donation 5 Other (Specif)  21. SIGNATURE OF FUNERAL SERV	y)	of competency, ocematory or Salisbury	Cemetery	7/19 S	alisbu	ry, PA
A . L	TOE LICENSEE		Newman Fu	neral Hom	e. Inc	
23. PART I. Enter the diseese shock, or heart fa	s, or complications that ceu illure. List only one cause o		Salisbury	, PA 155	58	Approximete Interval Between
	a		Salisbury enter the mode of dying, a	, PA 155	58	Approximete Interval Between
shock, or heart fa IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a	AS A CONSEQUENCE OF):	Salisbury enter the mode of dying, a  - Comp	PA 155 Such as cardiac or res	58 piratory arrest,	Approximate interval Betwee Onset and De S-7 76
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BALTMORE, MARYLAND 21215-0020	retained by the hospital or attending physician.	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		notified at once.
NORK	È	d in	1	MULI De
BALT	ter dear Pag	the fundani d	DAG!	al examiner
	4 hours af	filled in by	on, or remit	ne medica
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death program in retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this cartificate has been signed by the attending physician and completely filled in by the funeral management is should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

8	1. DECEDENT'S NAME (First, Middle,	Last)					2	DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
			LAWREN		URST			07	20	91	2:00 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last birth	nday) IF UNI MONTH	DER 1 YEAR	IF UNDE	MIN.	(Month, Day, Year)		Count	
- 1	204165639  9a. FACILITY NAME (If not institution,	X	66 Y		TV TOWN	OR LOCAT	ION OF DEAT		1924	Pen	nsylvania
OR	SACRED HEAR				UMBE					E G F	
5		NT OUNTY	100	c. CITY, TOW							10d, INSIDE CITY
DIRECTOR	PA S	omerset		lisbu							LIMITS?
AL	10e. STREET AND NUMBER	Olice See				f. ZIP COI	DE		10g. CIT	ZEN OF	WHAT COUNTRY?
ER	RD 1 Box 165				1	5558	3			USA	
FUNERAL	11. MARITAL STATUS  1 Never Married 2 X Married		YES 2 NO	1	If yes, sp	ecify, Cub	an, Maxican,	ORIGIN? (Specify Yo Puerto Rican, etc.)	a or No-	14. RACI Blac	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 YES	2 NO	Specify:			Spec	"y: White
COMPLETED	15. DECEDENT' (Specify only highes	S EDUCATION	(Give klr	ENT'S USUAL	ne during mo	ON ost of work	dng	16b. KIND OF B	JSINESS/INC	DUSTRY	
IEI,	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do I	VOT use retired	1.)			Durin	. D. C.	4	
N C	17. FATHER'S NAME (First, Middle, La	nef)	Labor	er		10 100	THED'S NAME	E (First, Middle, Maide	k Ref	ract	ory
	Lawrence Durst						ith Mo		i dornama)		
) BE	19a. INFORMANT'S NAME (Type/Prin	0	19b. MA	ULING ADDR	ESS (Street a			ite Number, City or To	wn, State, Ziç	Code)	
5	Betty Jean Durs		RD 1	, Box	165;	Sal	lisbur	y, PA 1	5558		
	20g. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 4 Donation 5 Other (Specify		20b. PLACE AND of competany, grent Sall SDU	DATE OF DI	SPOSITION	(Name			ocation – I i sbui		
	21. SIGNATURE OF FUNERAL SERV		1 3011300					Thome, I		у,	FA
	D. Senn	1 Neuma	w					et; Sali		, PA	15558
	disease or condition		1// -	. (/		1	101	1 1100	40	1	Onset and Daath
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31. DATE FILED (Month, Day, Year) 1991

32. AGISTRAB'S SIGNATURE Julia Davidson-Randall

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	23. PART I. Enter the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	caused the dei							eapiratory	Arrest,	Approximate interval Between Onset and Death
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COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CONTROL EXAMINE	R: On the beels of ex	my knowledge, dea	th occurre	d at the time,	date en	d place, e	nd due to	o the ceuse(s) end me, date end piece	menner es s	itated.	s) end menner ee stated,
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIED  AND ADDRESS OF PERSON WH	hus					D Z			29d. D	ATE SIGNED	(Month, Day, Year)
	Mark Kushner,		E OF DEATH (ITEM			Fre	der	ick	, Mary	land	20	0678

THE PERSON AND ADDRESS OF THE PARTY.

BALTIMORE WARY AND 21215-0020 burs after death. Page 6 may be clining by hospital or attending nhusivia DIVISION OF VITAL RECORDS, P.O. BOX 68760, 17AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be required by a law in the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount in democrated for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

nediamon				77112	0. 0		_	REG. NO.	_	_		
1. DECEDENT'S NAME (First, Middle, Last)	ial						2. DATE	OF DEATH	1 9	YEAR 3. T	655 A	
4. SOCIAL SECURITY NUMBER	1	6. AOE (In yrs. les	-	IF UNDER 1 Y		FUNDER 24 HRS.	7. DATE (	OF BIRTH , Day, Ygar)	.11	BIRTHPLAC	CE (State or Foreign	
214-52-8079	1 🗆 M 2 🗡 F	8d	YRS.				6/	17/00			vland	
					ANNAPOLS ANNE ARRIVATE					an As O		
RESIDENCE OF DECEDENT	ANNE ALUNDE MODICAL CENTER ANNAPOLIS ANNE AR							INVE				
10a. STATE 10b. COUNTY				TOWN OR							. INSIDE CITY LIMITS?	
Maryland Anne Arundel Arnold 1 □ YES 2 ☑ NO  100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?												
					27072						COUNTRY?	
39 Church Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED					13. WAS DECENDENT OF HISPANIC ORIGI					S.A.	American Indian,	
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc.  Specify:  Specify:												
15. OECEDENT'S EDUC	PATION	100 00	OFFICIAL II	101141 000	I I DATION		100	KIND OF BUS		Whi	te	
(Specify only highest grade	completed)	(G	CEDENT'S University of work to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	retired.)	upation ring most o	f working	160.	KIND OF BU	SINESS/INDU	STRY		
Elementary/Secondary (0-12) College (1-4 or 5 +)					emaker			Home				
17. FATHER'S NAME (First, Middle, Last)				0 31		8. MOTHER'S N	IAME (First, A				- 11 K (2-1)	
Lawrence Krie	ger					Prisc	illa	Mary	Bay:	liss		
19e. INFORMANT'S NAME (Type/Print)		19				Number or Rura						
David Dulin						oad,	Arno.					
20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem	oval from State	of cemetary	AND DATE	or other pled	ce)		7/2	4	CATION - CI			
4 Donation 8 Ogther (Speedly) Metropolitan Crematory Alexandria, VA												
Faylor Funeral Chapel 21401												
23. PART I. Enter the diseases, or o	omplications that	anned the d	oth Do no	7.4	7 G	lance	ster	St.	Anna	polis	Approximata	
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)				٤(	He	Ma 78	na				Interval Batween Onset and Death	
disease or condition resulting in deeth)  a. ACUTE SUBJUTE HEAGTE FIG.  DUE TO (OR AS A CONSEQUENCE OF):  B. ACUTE SUBJUTE HEAGTE FIG.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algnificent condition	a contributing to	death but not		a dlan umad	andrela a a	auss ships I	n Book I		AUTODOV	Tau um	DE AUTORON CHICANOS	
PART II. Other aignificent condition	a contributing to	death but not	reauting ir	i the und	anying c	ause given i	IN PART I.	24a. WAS AN PERFO	RMED?	AVA	RE AUTOPSY FINDINGS JLABLE PRIOR TO MPLETION DF CAUSE	
			_		-		- 1	1 TYES	- NO	DF	DEATH?	
			-				-			1 "	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL					28. PLAC	E OF DEATH (	Check only on	ne)				
EXAMINER?	HOSFITAL:	ER/Outpatient	3 DOA	OTHER:		5 🗆 Residenc	e 8 🗆 Othe	r (Specify)			6	
27. MANNED OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Di		28b. TIME INJU		Be. INJUR WORK 1 VES		28d. DES	CRIBE HOW	INJURY OCCI	UREO		
2   Accident 3   Suicide   8   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Number,				
29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYS											d manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE NUMBE			DER 29d. DATE SIG		SIONED (MO	NED (Month, Day, Year)	
July Kushine MO							7/29	1/9/				
SO, NAME AND ADDRESS OF PERSON WITH	Wer-	SE OF DEATH (ITE			y /	rue	- Au	ue p	07is,	46.		
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		,	/							

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management of 1881 to the

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

3. TIME OF DEATH

		F Pages 1, 2, 3
BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burial-transit per
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerriours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permeaning of the funeral director.

THEODORE VICTOR FIER JULY 17, 1991 12:00 P M 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Ybar) 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 217 14 4020 1 💢 M 2 🗌 F 86 YRS. NOV.4,1904 MARYLAND 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH CUMBERLAND ALLEGANY DIRECTOR SACRED HEART HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 | NO MARILLAND ALLEGANI CUMBERLAND 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 71 GREENE ST., APT. #2 21502 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TES 2 T NO Specify: WHITE BY 3 Widowed 4 Divorced W.W.II COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 6+) BANKING VICE-PRESIDENT must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM C. FIER ISABELLA NESBITT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 18022 WESTON RD.-CLEVELAND, OHIO DOROTHY A. GEORGIA 44121 20e. METHOD OF DISPOSITION
1 A Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) HILLCREST BURIAL PARK CUMBERLAND, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD 21502 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one gause on each line. nterval Between **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition resulting in death) 2 wh traumatic event, cous CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO ruts more any COMPLETION OF CAUSE 1 YES 2 TO NO 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item this certificate h OSPITAL:
OTHER:
Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL: 1 TES 2 NO 50 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED marked, Natural 6 Pending Investiga 1 YES 2 NO death death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A 2 hours after d 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER Check only one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check one) Secretary Certifiers (Check on TO THE HOSPITAL D TO THE FUNERAL DI . De filed within 72 ho IMPORTANT: If 18 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manu 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE mezzoum num 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. V. EUGENE MAZZOCCO, M.D., BMG, 912 SETON DRIVE, CUMBERLAND, MD 21502 6 31. DATE FILED (Month, Day, Year) graha Davidson-Randell 1 9 1991 DHMH-16 Rev 1/89 BALTIMORE, MARYLA

Ħ notified : 2 pe must examiner death. removal. medical n and completely filled in by to burial, cremation, or remo the event. withir certificate be executed traumatic ending physician a Il Hygiene prior to other 0 death atten the atter injury, the been signed by the that ЭПУ has b ME 23 The Item certificate h OR ATTENDING PHYSICIAN: 6 marked, this with After 1 .50 DIRECTOR: / 28 Hem THE HOSPITAL O THE FUNERAL D filed within 72 ho -IMPORTANT: 2 2 3

Pages 1, 2, 3 should

permit.

in ding physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH MONTH 07 Esta M. FAULDERS 25 91 12:30 pm ™ 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 💂 F 84 MD 215-18-1769 YRS. May 5, 1907 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Avalon Manor Hagerstown RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO MD Washington Hagerstown FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 8 21740 USA Box 35 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married Specify: White 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 yrs. Homemaker Personal Residence 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Reynolds Lula Kendle BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy Muritz 100 Patrick Road Hagerstown, Maryland 21742 20a. METHOD OF DISPOSITION
1 K Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Mt. Lena, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7606 Old National Pike Douglas A. Fiery Bast Funeral Home Boonsboro, Maryland 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or haert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Daath disease or condition Mustiple bilatral CVA+ reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Antrior clerotic Cerebro Vorcular Dyears CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate Arteriorcherotis 6 95 ilwans @ cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 3 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA irsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be determined 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the last ate of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 04262 1991 24 2 30. NAME AND ADDRESS OF PERSON WINQ COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Fonder 1. Nocl 138 € most grap all mi m 921740 31. DATE FILED (Month, Day, Year) 32. REGISTRARIS SIGNATURE Julia Dandson-Randale '91

BALTIMORE, MARKLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ŀ	REGISTRAR	EIIIII IOAIL OI	DEATH	REG. NO.			
ŀ	1. DECEDENT'S NAME (First, Middle, Last)	. 40	CHEL	DATE OF DEATH	YEAR	3. TIME OF OEATN	
	Floyd (	ARLISLE 1			1991	8-074	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las	YRS. IF UNDER 1 YEAR DAYS	MONTHS DAYS HOURS MIN. (Manh, Day, Year)				
	9e. FACILITY NAME (If not institution, give street end number)	96. CITY, TOWN	OR LOCATION OF CEATN	9	c. COUNTY OF DE	ATH /	
DIRECTOR	RESIDENCE OF DECEDENT	Que	ens town		Queen Annes		
	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCA	ATION		T	10d. INSIDE CITY	
5	MO Anne Annal	Glen	Burnie			LIMITS?	
A.	10e. STREET AND NUMBER	1 1	Of, ZIP CODE	10	g. CITIZEN OF WI	NAT COUNTRY?	
N L	466 B-2 (Henmar	Apis	2106		USA	7	
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AR FORCES?  1 Never Married  2 Married  FORCES?  1 YES  2 Su		CENDENT OF HISPANIC O		No- 14. RACE Bleck.	— American Indian, White, etc.	
	1 Never Merried 2 Married IF YES, GIVE WAR OR DATES  3 Widowed 4 Divorced		S 2 NO Specify:		Specify	/	
3		[	75.004	Tank white on Bright		with	
-	(Specify only highest grade completed) (G	ECEDENT'S USUAL OCCUPAT live kind of work done during m b. Do NOT use retired.)	nost of working	18b. KIND OF BUSINE	SS/INDUSTRY		
ė II	Elementary/Secondary (0-12) College (1-4 or 5+)	rane 1	neather	Andr	950 N	Crane	
5	17. FATNER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (	First, Middle, Malden Sun			
ا د	Harves Fair		Rent	nce i	InKI	roup	
5	19a. INFORMANT'S NAME (Type/Print)	b. MAILING ADDRESS (Street	end Number or Rural Route	Number, City or Town, S	tets, Zlo Code)		
2	Helen Walsh 3	227 Beac	hwoodk	L. Pasa	dena	m03/12	
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State	OF DISPOSITION (Name of clace)	emetery, cremetory or	20c. LOCAT	ION — City or Tow	rn, State	
	4 Donation 5 Other (Specify)	n Haven		6/4	an Bu	m/e,M	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME /	AND ADDRESS OF FACILIT	Y		2 12	
	1090	BA	RRANZO	+50NS	SELEK	NATHER	
	23. PART I. Entar the diseases, or complications that coursed the de	eath. Do not antar the m	oda of dying, auch as	cardiac or respirat	ory arrest,	Approximate	
	ahock, or haart failure. List only one cause on each ling	1	$\wedge$	6.4		Interval Between Onset and Death	
	disease or condition a	HCUW.	Cardicie	Failure		1 mels	
	DUE TO LOR AS A CONSE	QUENCE OF):	0 0 0	. 1		1 11 +-	
5	Sequentially list conditions, Dura To join AS A COMBE	1 Chroni 1	end to	ulun		r. ment, r	
	If any, leading to immediate ceuse. Enter UNDERLYING	nepland	les Synd	more		401	
	CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A CONSE	OUENCE OF	1			2	
	resulting in death) LAST	Diah					
44 H						yo.	
5	DARK II Out - 1 - III					ys.	
AL C	PART II. Other eignificant conditione contributing to death but not	resulting in the underlyi	ng cause given in Pari	t I. 24a. WAS AN AU PERFORME	D?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
UICAL C	PART II. Other eignificant conditions contributing to death but not	resulting in the underlyi	ng cause given in Pari		D?		
MEDICAL	PART II. Other eignificant conditione contributing to death but not a	resulting in the underlyi	ng cause given in Pari	PERFORME	D? NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL				PERFORME  1   YES 2	D? "NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. OTHER:	ng cause given in Pari	PERFORME  1   YES 2	D? "NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
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31. DATE FILED (Month, Day, )

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	FOR STATE REGISTRAR	STATE OF I			TMENT O			D MEN	ITAL HYGIENI REG. NO.	9	1	21328	
ş.	1. DECEDENT'S NAME (First, Middle, Last)	<b>X</b> MMXX E	dward An	thon	y FLEM	ING			OATE OF DEATH	r	97 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218 17 5300	<sup>5. SEX</sup> Male Xx M <sup>2</sup> □ F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 Y	EAR IF I	INDER 24 HF	M (/	ATE OF BIRTH Month, Day, Year) r. 21, 1	8. BIRTHPLACE (State or Fbreign Country) Maryland			
H	Se. FACILITY NAME (If not institution, give s Chester River (S	Bouth of	Bridge)		9ь. сту, то Ches	terto		F DEATH		9c. COUNTY OF DEATH Oueen Anne			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	γ		10c. CIT	Y, TOWN OR	LOCATION				Quee	10d. INSIDE CITY LIMITS?		
	Maryland Ken  100. STREET AND NUMBER	t Co.		<u> </u>	Worton 10f. ZIP CODE					1 _ YES 2 _ NO  10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	Rte # 1 Box # 3  11. MARITAL STATUS Never Man  1 Never Married 2 Merried 3 Wildowed 4 Divorced	MED 10	If yes, specify Cuben, Maxicen, Puerto Rican, etc.)  Black, White,  The Yes A No. Specify:  Specify:					– American Indien, White, etc.					
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	ve kind of	USUAL OCCI work done duri se retired.)		working		16b. KIND OF BUS	INESS/INDU	ISTRY				
	17. FATHER'S NAME (First, Middle, Last)  Edw	ard Henr	y Flemin	g					First, Middle, Meiden ynn Bige				
TO BE	198. INFORMANT'S NAME (Type/Print) Shelly Lynn Flem:		191	. MAILING		Street and N	umber or R	tural Route	Number, City or Town	n, State, Zip (			
	20a. METHOD OF DISPOSITION Burial 1 Donation 5 Other (Specify)  20b. PLACE OF OISPOSITION (Name of cemetery, cremetary or other place) Chester Cemetery (July 7, 1991 Chestertown, Md.  21. SKG/ATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY P.O. Box # 264												
	21. SKUTATURE OF FUNERAL SERVICE LI	CENSEE	ells						P.O. Box Cheste			1. 21620	
	Approximate Inter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (on as a consequence of):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	ne contributing to	o death but not r	reculting	In the unde	erlying ce	use give	n In Pert	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	26. PLACE			Other (Specify)		<u> </u>		
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TH	ME OF 2	8c. INJURY WORK? 1 YES			d. DESCRIBE HOW I	NJURY OCC	URED		
TED BY	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he	ome, farm,	arm, street, factory, office  281. LOCATION (Street and Number or Rural Ro City or Town, State)				oute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of										and manner as stated.	
8	29b. SHAMATUME AND TITLE OF CERTIFIE	R L	neth	h		22	LICENS	E NUMBER	45		SIGNED	(Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON W	SP 1	USE OF DEATH, (ITE	M(AT) (Typ		trev	ille	, Mai	ryland 2	1617			

32. REASTRAN'S SIGNATURE FUNDAMENTON PROPERTY.

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and by the hospital or attending physician.

MARYLAND 21215-0020

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part of the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the plant is detached by the attending physician and completely filled in by the funeral or comments after death with the State flexit of Health and Mental Housing prior to burial comments or comments.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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)	certif	ding	6
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	ING F	wher t	E
	TENO	DR: A	90
	IR AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the future filed within 72 hours after death with the State Detr. of Health and Merial Honison price has a non-complete the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ш 2
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FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIE		91 21329		
1. DECEDENT'S NAME (First, Middle, La  HELEN  4. SOCIAL SECURITY NUMBER	O. GAIN	'Boyle	GAIN		2. DATE OF DEATH	DAY 2	3. TIME OF DEATH  O 3 AS AS  B. BIRTHPLACE (State or Foreign		
213-38-2101 90. FACILITY NAME (If not Institution, gh	1 🗆 M 2 💢 F 💍 8	YRS. MON	THS DAYS	HOURS MIN.	(Month, Day, Year)	903	W. VA.		
	,				EG, MD		ONTGOMERY		
	Montgomery		wn on Locat thersb			10d, INSIDE CITY LIMITS? 1 XYES 2 NO			
100. STREET AND NUMBER 407 RUSSELL AVER 11. MARITAL STATUS	nue, Asbury Met	hodist Vi		20877			EN OF WHAT COUNTRY?		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR OATI	2 X NO	If yes, spe	NDENT OF HISPA city Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify Vi an, Puarto Rican, atc.) fy:	es or No—	14. RACE — American Indian, Bleck, White, atc. Specify: White		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	DUCATION Ide completed)  College (1-4 or 5+)  5+	6a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos ired.)	N t of working	16b. KIND OF BO	usiness/indu			
17. FATHER'S NAME (First, Middle, Last)		reaction		18 MOTHER'S N	AME (First, Middle, Maide				
Frederick	A. Gains			Mary			Lashmutt		
19s. INFORMANT'S NAME (Type/Print)					Route Number, City or To				
Donna P. Post		2132 So	uth Ba	y Lane,	Reston, V	irgini	a 22091		
20b. PLACE AND DATE OF DISPOSITION   DATE   20b. PLACE AND DATE OF DISPOSITION   Name of cametery, grematory or other place)   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smiths burner   Marry Land   Smith									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
Heich hom	Cheson	M00706	Keene 106 E	y & Basi ast Chui	ford P.A.	rederi	ck, MD 21701		
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant condition	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
							1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. Pt 4	CE OF DEATH (CA	eck only one!				
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatie		HER:		8 Other (Specify)				
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR	RY AT	28d. DESCRIBE HOW	INJURY OCCU	RED		
1 Natural 5 Pending 2 Accident Investigation	n		M 1   YI	S 2 NO					
3 Suicide 8 Could not b	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowledge.  NER: On the basis of examination as	ga, death occurred at and/or investigation, in	the time, data a	nd place, and due	to the cause(s) and ma lima, data and place, a	nner as stated	cause(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUI			BIGNED (Month, Day, Year)		
30. HAME AND ADDRESS OF PERSON V	MUCH COMPLETED CAUSE OF THE	MD		219	154	<b>&gt;</b> 7	12/9/		
1911 Pune	ll Av. (	29 this	lug-	md	20879				
31. DATE FILED (MONTH), Day, Year)	ie Daydson-Range	RE	0						

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be as

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR			CERTIF	ICALE	: UF	DEAL	п	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Samuel Washin	gton Geo	roe	7					2. DATE OF D	DAY		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)	IF UNDER	a Wran	IF UNDER 2		July 2		1991	A DIOTI	1:30 P M  HPLACE (State or Foreign
	577-40-4935	1 M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	( Year)	=	Count	(Y)
	9a. FACILITY NAME (If not institution, give :	44	64	1110.	Jan. 29,					9, 19	927 MD.		
œ			TID										
١٩	NIH, THE CLIN	ICAL CEN	TER		Bethesda, Md.						Montgomery		
낊	10a, STATE 10b, COUNT	Υ		10c. CIT	CITY, TOWN OR LOCATION								10d. INSIDE CITY
DIRECTOR	Maryland	Frederi	ick	Fre	deric	·k				LIMITS?			1 YES 2 NO
7	10s. STREET AND NUMBER					_	H. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	4503 Skyline Dr.						21702				us	AS	
3	11. MARITAL STATUS	12. WAS DECEDED			13. \	WAS DE	CENDENT OF	HISPAN	IC ORIGIN? (Sp	ecity Yas		14. RAC	E American Indian,
	1 Never Married 2 Married	FORCES?	MAR OR DATES	□ NO			pecify Cuben S 2 3 NO		, Puerto Rican	, etc.)			ok, White, etc.
B	3 Widowed 4 Divorced				90	,					WILLE		
	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a	. DECEDENT'S	USUAL OC	CCUPATI	ION oat of working	,	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) 1	(Give kind of life. Do NOT u	se retired.)	h m	anaaa	mant	· Co		1 M O 10 5	+	
	12	4+	1	nen	n xu	.U III	unage	mera	.   60	vern	uneru	L	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, Middle	, Malden S	Surname)		
BE (	SAmuel Georg	ge							te Was				
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS	(Street	and Number	or Rural R	loute Number, C	ity or Town	, State, Zi	p Code)	
-	Mrs. Patricia L	. George		sam	e as	abo	ve						
	28a. METHOD OF DISPOSITION	noval from State	20b. PLJ oth	NCE OF DISPO	SITION (Na	me of ce	emetery, cremi	ntory or		20c. LO	CATION -	City or T	own, Stata
	132 Burisi 2   Cremation 3   Removal from State   Cother place)   Cother place   Lovettsville Union Cemeteru   Lovettsville Va.										. Va.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		22. NAME AND ADDRESS OF FACILITY  Standar Functal Home P () Roy 1810						P 1610		
	Stauffer Funeral Home, P.O. Box 1819  Frederich Manufand 21702												
	23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate												
	shock, or heart fellure. List only one ceuse on each line.												
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  e												
	reaulting in death)	e	AGR AS A COL	NSEQUENCE O	PI I	N	Osc	2				1	
_			Sm a	W		h	we	1	. obe	m	1 00	L	a D
<u>o</u>	Sequentially list conditions,	DUE TO	OR AS A COL	NSEQUENCE O	F): /		-		Uyb	,	0	LUV	4
CERTIFICATION	cause. Enter UNDERLYING												
Ĕ	CAUSE (Diseese or injury that initiated events	DUE TO	OR AS A CO	NSEQUENCE O	F):							tu	will
E	resulting in death) LAST												
ၓ	PART II. Other significent conditio	ne contribution to	doeth but n	at manifelaa	In the ser	and an order of a		tree to	Book I Day	MM (0 AA)			
¥	FART II. Other significant condition	na contributing to	o demui but n	ot resulting	in the un	ideriyir	ng cause g	iven in	Part I. 24a	PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
Ž I		-											
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		PLACE OF DE	ATH (Chi	ick only one)				
PHYSICIAN:	1 VES 2 NO	1 Inpatient 2			_			sidenca	6 Other (Sp				
ᇤ	27. MANNER OF DEATH  1 Netural 5 Pending	(Month)	P BUURY Day, Year)	26b. TR	JURY	W	JURY AT ORK?		28d. DEŞCRII	BE HOW II	NJURY O	CCURED	
B⊀	2 Accident Investigation			_	M		YES 2	NO					
	3 Suicide a Could not be	28s, PLACE building	OF INJURY — A	tt home, farm,	street, fact	lory, offi	ca			N (Street a wn, State)	ind Numbe	er or Rural	Route Number,
	***												
COMPLETED	Check only Control only	ICAN: To the best	f my knowledge	e, death occur	red at the t	time, det	te and place,	end due	to the cause(s	) and man	ner sa st	eted.	
S S	2 MEDICAL EKANIN	Eff. On the bests of	-xamination and	d/or investigati	on, in my o	opinion,	death occur	ed at the	time, data and	place, and	d due to t	the cause	(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CENTURY	h VI					29c. LICE	NSE NUN	IBER		29d. DA	TE SIGNE	D (Month, Day, Year)
<b>∞</b> ∣	mil	your	_/										
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF CHATH	(ITEM 27) (Type	a, Print)								
	SHILYANSKY 9000 Rockville Pike, Bethesda, Md. 20892												
	31. DATE FILED (Month, Day, Year)		and Warre	E SC				-	CLUESU	l'	111/	.uag.	<u>/</u>
	1111 23 1991	grepa parte	1										

RAY

IMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed v TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and combe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, complete within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, completely the modern of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. A
	1	214-12-334	5	1 🔀 M 2 🗌 F	
		9a. FACILITY NAME (If not in		41	
	Œ			Memorial	Но
	18	RESIDENCE OF DEC		TOTIOL FOIL	110
	l iii	10a. STATE	10b. COUNTY		
	<b>a</b>	Maryland	Gan	rett	
	7	10e. STREET AND NUMBER			
	1 5	Rt. 2 Box 3	10		
	S	11. MARITAL STATUS		12. WAS DECEDEN	IT EVE
	E	1 Never Married 2	Married	FORCES? 1	☐ Y
	8	3 X Widowed 4 Divo	roed	IF YES, GIVE V	WH OI
	BE COMPLETED BY FUNERAL DIRECTOR	15. DEC	EDENT'S EDUC	CATION	
		(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	
	립	7th	,	Compa (1-4 or 5	,
once.	<u>∞</u>	17. FATHER'S NAME (First, Mi	iddle, Lest)		
310	Ö	Joel			
Pel		19a. INFORMANT'S NAME (7)	ma/Print)		
notified at	임	Troy R.			
Pe		20a. METHDO OF DISPOSITI		У	_
Inst		1 🔀 Burlal 2 🗆 Cremetio	n 3 🗆 Ramo	oval from State	
E in		4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FUNERAL			-  -
Ē		21. SIGNATURE OF FUNERAL	A. SERVICE LIC	/ /	,
exa		+Mank	len Ty	( UMT	01
other traumatic event, the medical examiner must be		23. PART I. Enter tha di	seesea, Dr c	omplicatione tha	t ceu
med		The Comment of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co		let Dnly ona cau	se Di
the		IMMEDIATE CAUSE (Fin disease or condition	el	MILLA	117
ant,		resulting in deeth)	<del>*</del> ;	. MULT	(1)
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natic	O	Sequentially liet condition	ons,	DUE TO	(OR A
Lan	ATI	if any, leading to immed cause. Enter UNDERLY!!		DOE 10	(On A
er 1	5	CAUSE (Diseese or Injur		DUE TO	OB A
to	Ē	that initiated events resulting in death) LAST		552 15	(On A
y, or	ij				
shows any injury,	CIAN: MEDICAL CERTIFICATION	PART II. Other aignifican	nt condition	contributing to	daeti
my i	5	ARTERIO	SCLERE	TIC C	ARU
NS 3	유				
Sho	Σ				
23	N				
E	5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	_
6	YSI	1 YES 2 NO		1 Inpatient 2	KER/O
g.	PHYS	27. MANNER OF DEATH		26a. DATE OF	
marked	×		Pending rivestigation	0 Month P	19
80	8	3 Suleide	Could not be	28a. PLACE OF	FINJU
200	밑		etarmined	building, On s	str
if item	MPLETED BY	29a. CERTIFIER 1 CERTI	FYING DUVEL	IAN: To the best of	t-
=	Z	onel		: On the best of as	
AM	8	· AREDI	- LAMINER	. On the basis of ax	amine

Mario F. Golle Jr.M.D.

31. DATE FILED (Month, Day, Year)
JUL 25 1991

91 21331 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH DAY 3. TIME OF DEATH YEAR RUSSEI I **GNEGY** 07 1991 6:20 GE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 95 Aug. 6, 1895 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH spital Oakland Garrett 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 0akland 1 WES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21550 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: R IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 2 X NO White 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Farmer Farming 16. MOTHER'S NAME (First, Middle, Maiden Surname) **GNEGY** Jenny MOWERY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 2 Box Oakland, Maryland 21550 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Pleasant Valley Cemetery 7/20 Oakland Maryland 22. NAME AND ADDRESS OF FACILITY
Stewart Funeral Home 32 South Second Street Oakland, MD 21550 sed the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

ahock, or heert failura.	Liet Dnly ona cause on eech line	b.				interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	DUE TO (OR AS A CONSEC					Onset and Daati
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A C					
PART II. Other aignificant condition	d.  s contributing to deeth but not r  OTIC CARDIOVA	reaulting in the u	inderlying cause given i	n Pert I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE			,	
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 Impetent 2 XER/Outpetlant 3 28a. DATE OF INJURY O Mount of 1991	28b. TIME OF 2:50 Pm	28c. INJURY AT WORK?  1 YES 2 NO	28d. DE\$0	cant in mot	
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At hos building, atc. (Specify) On street	ms, farm, street, tec	ctory, office	Pleas	TION (Street and Number or	Rd_1/10m_(E)
	CIAN: To the best of my knowledge, de R: On the beals of examination and/or i			na time, data a		

WHO COMPLETED CALLE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE chia Bridge

O.C.M.E.

111Penn Street Baltimore Maryland 21201

▶07-18-1991

	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIMIE UF N				F DEATH			EG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF E	DEATH			3. TIME OF DEATH
7	DUTKI I	FROY GOM	ED					MONTH 7 /1	7/91		YEAR	1:30 AM
4. SOCIAL SECURITY NUME		5. SEX		. last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 H	RS.	7. DATE OF B	BIRTH	I	6. BIRTHE	LACE (State or Foreign
705 10 755	6A.	1 🔀 M 2 🗆 F	78	YRS.	MONTHS DAY	YS HOURS MI	iN.	(Month, Day			Country	
9a. FACILITY NAME (If not in	stitution, give st	reet and number)		_	9b. CITY, TOV	WN OR LOCATION O	OF DE		/13	9c. COU	TY OF DE	SYLVANTA
SACRED HEAD	RT HOS					BERLAND					EGAN	
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	DCATION					- 1	10d. INSIDE CITY
MARYLAND	ALLEX	GANY		FRO	STBURG		(	ZIHLMA	N)			LIMITS?
10e. STREET AND NUMBER						101. ZIP CODE				10g. CITI	ZEN OF WI	HAT COUNTRY?
						03.53	•					
11, MARITAL STATUS	BOX 37	12. WAS DECEOEN	T EVER IN U.S	. ARMEO	13. WAS	2153 DECENDENT OF N		IIC ORIGIN? (S	pecify Yea		S.A.	— American Indian,
1 Never Married 2 XX 3 Widowed 4 Divo		FORCES? 1	YES 2-	X NO		yes 2 NO S			n, atc.)		Black, Specify	White, atc.
15, DEC	EDENT'S EDUC	CATION	16a	. DECEOENT'S	USUAL OCCUP	PATION		16b. KIN	OF BUS	NESS/IND	USTRY	VVDTTP
(Specify onl	y highest grade	College (1-4 or 5		(Give kind of life, Do NOT u	work done during se retired.)	g most of working						
6	,			RUCK T	IRE BU	ILDER		KEL	LY SI	PRIN	FIEL	D TIRE CO.
17. FATHER'S NAME (First, M	iddle, Last)					16. MOTHER	'S NAI	ME (First, Middi	le, Maiden S	Surname)	·· -	
	GOMER							H ERNE			,	
MRS a IRVIN		ER		- 11		eet and Number or F 37, FROS					Code)	
20a. METHOD OF DISPOSIT	ION		20b. PL	ACE OF DISPO	SITION (Name o	of cometery, cremator	y or		20c. LOC	ATION —	City or Tov	vn, Stata
4 Donation 6 Other	(Specify)		FRÖ	SIBURG	_	IAL PARK			FROS	STBUI	RG, M	ARYLAND
21. SIGNATURE OF POHERA	Carried S	11/1	) Desero	/		W. MAIN						L HOME 21532
23. PART i. Enter the d	iseases, or o	complications the	t caused the	a death, Do								Approximate
ahock, or h IMMEDIATE CAUSE (Fli	aart failure.	List Dnly one car	ise on aach	lina.			0					interval Batween Onset and Death
disease or condition resulting in death)	<b>→</b> ,	0	COLO		10 Con	roud	d	you	chi	n_		14 Hours
		DUE TO	OH AS A CO	NSECUENCE O	<b>b</b> ):	rdicel lymbr		1				
Sequentially list condit if any, iseding to imme		bDUE TO	(OR AS A CO	NSEQUENCE O	h: / s	ermin	د دن	>4				
cause. Enter UNDERLY CAUSE (Disease or Inju		c									_	
that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	NSEQUENCE C	F):							
resulting in death, and		d										
PART II. Other aignifice	ent condition	a contributing to	death but r	not reaulting	In the under	lying cause give	n in	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
Congest	200	Premet	Paril	une .					PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
YL-01		Sron .		D : 1	17	. 00 1	1	—   ''	YES 2	NO		OF DEATN?
4	Ky Civ	isum		10	reco	make	11	_				1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL					a Bi AGE OF BEAT	N (O)					
EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	8. PLACE OF DEAT	N (Un	eck only one)				
1 TYES 2 NO		1 Impatient 2		_		Home 6 - Realde	ence					
27. MANNER OF DEATH  1 Netural 5	Pending	26a. DATE Of (Month, I		26b. TII	JURY	WORK?	.	28d. DEŞCRI	BE HOW IP	IJURY OC	CUREO	
2 Accident	investigation	28e, PLACE (	OF INJURY —	At home, farm.	street, factory,		-	26t, LOCATIO	ON (Street o	nd Numbe	r or Burni B	Inuite Mumber
3 Suicide 6 4 Homicide	Could not be determined	building	etc. (Specify)	a nome, term,	acreer, racrory,	Office		City or R	own, State)	na manno	Or Horer H	oute Namos,
29a. CERTIFIER 1 CER	TIFYING PNYSI	CIAN: To the best o	mv knowleda	e. death occur	red at the time.	data and place, an	d dua	to the cause(	e) and man	ner es ate	ted.	
CONSCR ONLY												and manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	511	om d	hi 1	Dr	29c. LICENS	E NUM	L64		29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WH	D				10,	1					
48 TARN TE 31. DATE FILED (Month, Day.	KRACE,	FROSTBU										
JUL 1 9	1991	guna David	AR'S SIGNATU	1								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

yours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 6

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

amed by the hospital or attending physician. ARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZY hours after death. Par a serificate has been signed by the attending physician and completely filled in by the funeral management of the detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. I	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
		Ethel Gertru	de GOSSARD			07	23-	91	11:20 pm M		
	4. SOCIAL SECURITY NUMBER 174–50–7237	5. SEX 6. A		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		6. BIRTI	tPLACE (State or Foreign ry)		
	9a. FACILITY NAME (If not institution, give str	A		b. CITY, TOWN C	R LOCATION OF DE	1-2-97	9e. COI	UNTY OF D	D EATH		
DIRECTOR	Avalon Manor			Hagerst			110.00	Vashir			
<u>ا</u> ي	10a. STATE 10b. COUNTY			10d. INSIDE CITY							
		ington	Hap	erstown					LIMITS?		
FUNERAL	Box 35 Rt. 8			101	21740		IJS/		WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	ES 2 DONO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify n, Puarto Rican, etc.) /:	Yes or No-	14. BAC	E — American Indien, k, White, etc. //y: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S US	rk done during mo		16b. KIND OF	BUSINESS/IN	IDUSTRY	1111200		
PLE	Elementary/Secondary (0-12) College (1-4 or 6+)  8+1: Homemaker Own Home										
O	17. FATHER'S NAME (First, Middle, Last)	ME (First, Middle, Mai									
		Charles	Edward Batt	5		Sarah Boy	vers				
BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or		(ip Code)			
임	Charles A. Gossa	rive, Had	gerstown	MD	2174	0					
	20a. METHOD OF DISPOSITION 1 D Burtal 2 Cremation 3 Remo	val from State	20b. PLACE OF DISPOSIT				LOCATION -	- City or T	own, State		
	4 Donation 5 Other (Specify)	Hage:	rstown,MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Grove Funeral Home, Inc.										
	James (7, Bo	wersax						horo	, PA 17268		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
Z	Conjunction like conditions (b. CAF										
E	Sequentially list conditions, if eny, leading to immediate										
2	CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	that initiated events resulting in desth) LAST										
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying causa given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EDICAL			m Suiz				FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ						-			1 TYES 2 NO		
M	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER?	HOSPITAL:		OTHER	e 6 Residence	8 Other (Specify)					
Y PHYSICIAN:	27. MANNER OF DEATH  1	26s. DATE OF INJU (Month, Day, Y	JRY 28b. TIME	OF 28c. IN.	PURY AT DRK? YES 2 NO	28d. DESCRIBE HO	OW INJURY O	CCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, str (Specify)	met, factory, offic	•	281. LOCATION (Str. City or Town, S	eet and Numb tete)	er or Rural	Route Number,		
COMPLET	anal .		knowledge, death occurred						e) and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CERTIFIER	in-tooth	MD		29c. LICENSE NUI		29d. D/		O (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O					r~ .				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE									
	JUL 29 '91	Julia David	Son-Randelle								

BALTIMORE, MARYLAND 21215-0020	mental by the hospital or attending physician.	as would be exched for use as the burial-transit permit. Pages 1, 2, 3 should	meliad it once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may present the aboptical or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages and the managed for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be mentioned

	HEGISTHAH		CE	- MIIIC	ICALE	Ur	DEA	חו	HEG.	NO.		
	1. DECEDENT'S NAME (First, Middle, I	K Teresa	Kathle ( + +	en G	RIFF	ITH			2. DATE OF DEATH DAY PEAR 3. TIME OF GEATH			3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las		IF UNDER		IF UNDER		7. DATE OF BIRT	H ec)	6. BIRT	HPLACE (State or Foreign
	214-28-5719	1 ☐ M 2 XXXF	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 23,	1921		nsylvania
	9a. FACILITY NAME (If not institution,	give atreet and number)			9b. CITY,	TOWN (	OR LOCATI	ON OF D			UNTY OF	DEATH
	Washington Co	unty Hospita	1		На	ager	stow	n		Wa	ashir	gton
DINECTOR	RESIDENCE OF DECEDEN	Ť								8		
	10a. STATE 10b. CC			10c. CIT	LIMIT					10d. INSIDE CITY LIMITS?		
2	Maryland	Washington			Hag	gers	town			1XXYES		
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. C	10g. CITIZEN OF WHAT COUNTRY?			
	953 Kuhn Avenu	e			21740			)	U.S.A.			
101101101	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	VER IN U.S. AR YES 2 XXX OR DATES	11 yes, apecify Cuban, Mexican, Puerto Rican, at									
	15. DECEDENT'S	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL O				16b. KIND O	F BUSINESS/II	NDUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	(Give kind of work done during most of working life. Do NOT use retired.)								
	0-12	0.75	D	ieta	ry A:	ide			nur	sing 1	nome	
5	17. FATHER'S NAME (First, Middle, Las	nt)					16. MOT	HER'S NA	AME (First, Middle, M	laiden Surname	)	
	Patrick	Patrick McKeown						Bell	la M. McA	Annany		
	19a. INFORMANT'S NAME (Type/Print)	190	b. MAILING	AODRESS	(Street			Route Number, City of		Zip Code)		
2	Mrs. Janet Lyn	ch	9	53 K	uhn A	Aven	ue.	Hage	erstown,	Marv1	and	21740
	20a, METHOD OF DISPOSITION 1 IX Burial 2 Cremetton 3 C 4 Donation 5 Other (Specify)	Ramoval from State	20b. PLACE of cemetary, Rose	ANO OAT	E OF OISP	OSITION	(Name		OATE 20	c. LOCATION	— City or T	
	21. SIGNATURE OF FUNERAL SERVICE		Rose		22.	NAME A	ND ADDRE	SS OF FA	CILITY Minr	ich E	10023	1 Home
	Scott	Morais	nece	6								wn, MD 21740
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	DUE TO (OF	R AS A CONSE	OUENCE C	F):				HCTION			Interval Batween Onset and Death
	Samuallally list and listons . ATHEROSCLEROTIC HEART DISEASE											
2	If any, laading to immediata											
	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c										
	that initiated eventa	DUE TO (OF	R AS A CONSE	OUENCE C	E OF):							
	resulting in deeth) LAST	d										
	PART II. Other significant cond	ditions contributing to de	eth but not i	resulting	In the un	derivin	C CRUSA	alven Ir	Part I 24a W	AS AN AUTOPS	V 24	b. WERE AUTOPSY FINDINGS
		SULIN DEPE								ERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
		TENSION		, ,	GUN	١٥١	25 /	· (SL)	101	ES 2 NO		OF DEATH?
	MYTEN	IENSION	-						_			1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER		LACE OF	DEATH (C	heck only one)			
	1 TYES 2 NO	Inpetient 2 🗆 E	R/Outpatient 3	□ DOA			ne 5 🗆 R	asidence	6 - Other (Specif	y)		
	27. MANNER OF DEATH	288: DATE OF IN.	JURY Year)	28b. TII	ME OF		JURY AT		26d. DESCRIBE	HOW INJURY	CCUREO	
	1 Netural 5 Pending 2 Accident Investigs				М		YES 2 [	NO				
COUNT CE 1 CD	3 Suicide 6 Could no	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm building, atc. (Specify)					ca .		28f. LOCATION (S City or Town,		ber or Rural	Route Number,
1	29a. CERTIFIER 1 TO SERTIFYING	PHYSICIAN: To the best of my	knowledge, de	eath occur	red at the t	lme, dat	and place	and du	a to the cause(a) ar	nd menner as s	tated.	
	000)	AMINER: On the basis of axam										(s) and manner as stated.
3						2010	and the				77 77 7	
1	296. SIGNATURE AND TITLE OF CER		201	)			29c. LIC	ENSE NO	IMBER	29d. D	ATE SIGNE	D (Month, Day, Year)
	FATIMA. M							271	0/5		1/2	771
		OHIUDDIN 4	OF DEATH (ITE	W 27) (Typ	e, Print)	VE	SHA	6ER	STOWN	mo 2	174-0	
	21 DATE EN EO (Month Day West)		SIGNATURE	uda	ikanda	90					. , .	
	JUL 4	1 311 7	www.	I MODEL P	Mariland							

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		Jon Jon	the
in.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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3	ate b	ysici	tra
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	tifica	g ph	the
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Sertific	s after death with the State Dept. of Health and Mental Hygie	1 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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CTOR:	after	28

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE REG. N		1 21335		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH		
	ROBERTA	ρ.		GRE	en		4 9		M,	
- 3	4. SOCIAL SECURITY NUMBER 215-58-0888		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 6		BIRTHPLACE (State or Foreign Country) NYACK NY		
TOR	9a. FACILITY NAME (If not institution, give str  WESLEYAN HEAD  RESIDENCE OF DECEDENT	reet and number)		96. CITY, TOWN C	PR LOCATION OF D		9c. COUNTY OF DEATH  CAROLINE			
DIRECTOR	10a. STATE 10b. COUNTY	a. STATE 10b. COUNTY			NOOD		10d. INSIDE CITY LIMITS? 1 □ YES 2 ★ NO			
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	_	
ER/	R-3 Bo	x-49			199	50	u	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPA ocity Cuban, Maxico 2 NO Specia	NIC ORIGIN? (Specify ) an, Puerto Ricen, etc.) ly:	es or No— 14	RACE — American Indian, Black, White, etc. Specify: WHITE		
TED	1s, DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17e. Do NOT use retired.)							TRY	_	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		SEWIFE		Hon	E			
BE CON	17. FATHER'S NAME (First, Middle, Last)  GEORGE POST  16. MOTHER'S NAME (First, Middle, Melden Surname)  MATTIE CHALFONT									
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  ARLINGTON VA									
	20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	SITION (Name of cer			OCATION — CIT	y or Town, State	_	
	Burlel 2 Cremation 3 Remo	val from State								
	20 Donation 5 Other (Specify) ST. JOHNSTOWN CEMETERY GREENWOOD  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONATURE DE DINETAL BERVICE LICENSEE  1. SHONA									
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  OSCIPLES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO								3	
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C	heck only one)			_	
Sic	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factory, offic	•	281. LOCATION (Stree City or Town, Sta	ot and Number or te)	Rural Route Number,		
COMPLETED	ana)	CIAN: To the best of my know						cause(s) and manner sa atated.	_	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	ald-1	? XO	Oriest	DB5	284	29d. DATE S	1 16 91		

296. SIGNATURE AND THE OF CHITTIES	
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AUEN DD POBOX 496 Denton Md ANDREA

31. DATE FILED (Month, Day, Year) 18 91



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20,55

Min Royal Congress

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

REGISTRAR		С	ERTIFIC	CATE OI	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle	WILLIAM	DUNBAR	GOULI	)		2. DATE OF DEATH	DAY 1 1 1	1 <sub>YEAR</sub>	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215 07 8825	5. SEX Male	6. AGE (In yrs. Is	st birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea APR. 21,	1914	s. BIRTHPE Country) Mary	LACE (State or Foreign
9a. FACILITY NAME (If not institution	n, give street end number)		9	b. CITY, TOWN	OR LOCATION OF D			NTY OF DE	
Univ. Of Md. Ho	JODILLAI	1timore	)	Baltir	nore City		Ва	ltimo	re CITY
Maryland 106.0	Kent			ennedy					IOd. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				11 11	of, ZIP CODE		10g. CIT	IZEN OF WH	IAT COUNTRY?
Woodland Hali	1 Rte # 1 E	Sox # 15	5		21645		US	A	
11. MARITAL STATUS  1 Never Married 2 KMarrie  3 Widowed 4 Divorced	IL AES' RIAE M	T EVER IN U.S. A TYES 2  AR OR DATES V 2	RMED NO	If yes,	ECENDENT OF HISPA specify Cuben, Maxic ES 2 NO Speci	INIC ORIGIN? (Specifican, Puarto Ricen, atc	y Yes or No— -)		- American Indian, Whita, etc. White
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EDUCATION st grade completed)  4 College (1-4 or 5 +	·) -	ecedent's us Give kind of wor b. Do NOT use i Wyer	sual occupa rk done during retired.)  Judg	nost of working		ial Sy		Of Md.
17. FATHER'S NAME (First, Middle, L	ast)				18. MOTHER'S N	AME (First, Middle, Me	elden Surname)	1100	
	Harry Vall					Rebecca H			
19a. INFORMANT'S NAME (Type/Pris Mary Woodland	4		Rte # 1			Route Number, City of			, -
20a. METHOD OF DISPOSITION	Burial Ramoval from State	20b. PLAC	E AND DATE O	F DISPOSITIO	N (Name	DATE 200 (1991) Ke	c. LOCATION -	City or Tow	n, State
4 Donation 5 Other (Specifical Structure of Specifical Structure of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of Specifical Services of		1 Shrew	Sbury		AND ADDRESS OF F	ACILITY	0.0. Bo		
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resulting in deeth)	S. DUE TO	(OR AS A CONS	EOUENCE OF):	ring	, lu				JO annie
Sequantially list conditions,	Ca}	H NOC	adski	KJ L	Awspan	-6-			
If any, lesding to immediate cause. Enter UNDERLYING	BUE TO	(OR AS A CONS	EQUENCE OF):						
CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	(OR AS A CONS	EOUENCE OF):						
PART II. Other significant co	nditions contributing to	deeth but not	resulting in	the undarly	Ing ceuse given i	n Part I. 24a, WA	AS AN AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
	Tie Hear					PE	RFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MED									
EXAMINER?	HOSPITAL:	T STOLEN ALL ALL		OTHER:	PLACE OF DEATH (C				
27. MANNER OF DEATH	1. inpatient 2 0 26a. DATE Of (Month, L	INJURY	26b. TIME	OF 28c.	NJURY AT NORK?	8 Other (Specify 28d. OESCRIBE H		CCURED	_
1 Naturat 5 Pendii 2 Accident Investi	getion Nic	4		M 1	YES 24 NO				
3 Suicide 6 Could 4 Homicide detarn	not be building.	OF INJURY — At I , atc. (Specify)	nome, farm, str	reet, factory, of	fice	28f. LOCATION (S City or Town,	itreet and Numb State)	er or Aurel Ad	oute Number,
onet only	O PHYSICIAN: To the best of a								and manner as stated.
296. SIGNATURE AND TITLE OF C	ERTIFIER				29c. LICENSE N	UMBER	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type, F	Print)	1 12010	112		(1	714
STOWN E.	Heavy v	$\sim$		5, 1	2 Cheel	· Bul	tinox	, my	. 21201
JUN 07 '91	Julia Days	AR'S SIGNATURE	482						

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			CERTIF	ICATE U	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last Francis	David	Georg	ę		2. DATE O MONTH	DAY	YEAR 991	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday) QQ YRS.	IF UNDER 1 YEAR		7. OATE O	F BIRTN Day, Year) 1 2, 1908	8. BIRT	NPLACE (State or Foreign place) PA	
	218-14-7752  9a. FACILITY NAME (If not institution, give	21	83 YRS.	ON CITY TOWN	N OR LOCATION OF D			9c, COUNTY OF DEATN		
E										
5	Memoria							Tall		
DIRECTOR	MD Kent Millington							10d. INSIDE CITY LIMITS?  12 YES 2 NO		
ERA	378 W. Cypress Street 21651							USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	r Married 2 Merried FORCES? 1 YES 24 NO If yes, specify Cuban, Maxican, Puerl				en, Puerto R	GIN? (Specify Yes or No.   14. RACE — American Indian,			
	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	S USUAL OCCUPA work done during use retired.)	TION most of working	18b.	KIND OF BUSINESS/	INDUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 8+)					Machiner			
COMPLETED	77. FATHER'S NAME (First, Middle, Last)		Merger	:-Mechan	-	AME /El-o 44	Machiner			
20	Norman C. George	e					Holloba	•		
8	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	Ruth Ann George Box 145, Millington, MD 21651									
	20g-METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. L							Millington, MD		
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE 8		Asbury (		AND ADDRESS OF FA	6/17	Millin	gton	, MD	
	MALL R	Fellows Funeral Home 370 W. Cypress St., Millington, MD 21651								
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Liet only one cause o	n eech line.		,		lec or respiratory	arreet,		
FICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR /	AS A CONSEQUENCE	losen	,			arreet,	Interval Between	
N: MEDICAL CERTIFICATION	disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. DUE TO (OR A	AS A CONSEQUENCE OF	Coseva orp: orp:	res Cev	lien			Interval Betwo	
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Interval Between Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De Onget and De O	

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should must be notified at once.

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	Eva Gsell								7 -	1	6- 1	991	5:02Am
4. SOCIAL SECURIT		5. SEX Fem	6. AGE (in yrs. les	t birthday) YRS.	IF UNDE	DAYS	IF UNDE	R 24 HRS.		24719	20	6. BIRTH	PLACE (State or Foreign
9a. FACILITY NAME	9a. FACILITY NAME (If not institution, give street and number)						OR LOCAT	ION OF DI	EATH		9c. COUNTY OF DEATH		
	Kent & Queen Anne's Co. Hosp. INc										Kent		
RESIDENCE O	F DECEDENT	I soc CIT	CITY, TOWN OR LOCATION				l la comp			10d, INSIDE CITY			
Maryland		Kent				ton							LIMITS?
10e. STREET AND N	10e. STREET AND NUMBER P.O. Box # 83										SA	VHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 3 Wildowed 4	ATUS Widowed  And 2 Married  A Divorced    12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2 NO IF YES, GIVE WAR OR DATES NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or N If yes, specify Cuban, Mexican, Puarto Rican, atc.)  1 YES 2 NO Specify:				Yee or No-	No- 14. RACE - American Indian, Black, Whita, stc. Specify: White			
Elementary/Seco	15. DECEDENT'S EDU ecity only highest grade indary (0-12)		(G.	CEDENT'S	work done se retired.)	during mo	ON ost of work	ing	16	b. KIND OF E	USINESS/IN	DUSTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12  17. FATHER'S NAME (First, Middle, Lest)  Harry George  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use ratinal.)  HOUSEWIFE  16. MCTHER'S NAME (First, Middle, Lest)  Sarah Emma													
Harry George Sarah Emma Cropper  19a. INFORMANT'S NAME (Type/Print) Nancy Forney  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rte # 2 Box # 229 Worton, Md. 21678													
20s. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)							TE 20c.	LOCATION -	City or To				
4 Donation 6			Chest	er C	emet	ery	Jul	y 19	, 19	991 0	heste	rtow	n, Md.
21. SIGNATURE OF	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  P.O. Box # 264  J. Willis Wells Chestertown, Md. 21620  23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximate												
23. PART I. Enter shoot immediates or cond resulting in deal	k, or heart feilure. SE (Finel	List Dniy one csu	se Dn eech lina			r the mo	ode of dy	ying, suc	ch as ce	rdiec or res	piratory a	rest,	Approximate Interval Batwasi Onset and Deet
if sny, leading to cause. Enter UN	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):  2-3 Y/								2-3 yr				
that initiated ever resulting in deat	rito		OR AS A CONSE		•								>20 yr
PERIP	PART II. Other significent conditions contributing to death but not resulting PERIPHERAL VASCULAR DISE						g ceuse	given in	Part i.	PERF	AN AUTOPSY ORMED? 2 NO	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFE EXAMINER? 1 \( \text{YES} \) 2 \( \text{Z} \)		HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:		DEATH (C/					
27. MANNER OF DE  1 Natural  2 Accident	DEATH  28a. DATE OF INJURY (Morth, Day, Year)  28b. TIME OF INJURY WORK? NJURY NORK?  N A M 1 YES					ORK?	□ NO	28d. D	ESCRIBE HOV	W INJURY O	CCURED		
3 Sulcide 4 Homicide	6 Could not be determined	26e. PLACE O building,	F INJURY — At ho etc. (Specify)	Me, ferm,		tory, offic	DB			CATION (Street) or Yourn, Sta		er or Rurel I	Route Number,
29a. CERTIFIER (Check only one) 1		SICIAN: To the best of ER: On the basis of e											i) and manner as stated.
29b. SIGNATURE AN	ID TITLE OF CERTIFIE	ER <sub>1</sub>					29c. LK	CENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
III In I	1x AKIN	Le M	D				D	410	58	7		71	16/91

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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an or attending physician.	the county was as the bunial-transit permit. Pages 1, 2, 3 should	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained by presenting or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director pages 5 whole the resolution of removal.	IMPORTANT: It them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at owner

1. DECEDENT'S NAME (First, Middle, Last)		LITTII IOAT	E OF DEATH	REG. NO	).	- <del> </del>		
				2. DATE OF DEATH MONTH	MY YEA	3. TIME OF DEATH		
CALVERT  4. SOCIAL SECURITY NUMBER  5.	ELWOOD	GRAY			0, 1991	0345 a		
578-24-1219	6. AGE (In yrs. In X M 2   F 71	YRS. MONTHS	R 1 YEAR   IF UNDER 24 HRS DAYS HOURS MIN.	(Month, Day, Year) Sept. 28.	1919 Ma			
9a. FACILITY NAME (If not institution, give street  CALVERT MEMORIAL  RESIDENCE OF DECEMENT	-11		Y, TOWN OR LOCATION OF INCE FREDER		De. COUNTY C			
10e. STATE 10b. COUNTY	lvert	10c. CITY, TOWN	ngs			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
Box 73-A Skinners	Turn Road		101, ZIP CODE 20736		10g. CITIZEN O	DF WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 T IF YES, GIVE WAR OR DATES	RMED 13	WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 2 X NO Specify	ticen, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: Black		
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) () — 4	mpleted) (t	Give kind of work done to Do NOT use retired.  Farme	during most of working	16b. KIND OF BU	JSINESS/INDUSTR	NY .		
17. FATHER'S NAME (First, Middle, Lest)  Robert R. Gray  16. MOTHER'S NAME (First, Middle, Maiden Surname)  Alice Wilson								
19a. INFORMANT'S NAME (Type/Print) Theresa L. Booth			ss (Street and Number or Ru Skinners T					
20e, METHOO OF DISPOSITION  1 Striel 2 Cremetion 3 Remova  4 Donetion 5 Other (Specify)	20b. PLAC of cemetar M +	E AND DATE OF DIS	POSITION (Name place) irch Cemeter	DATE 20c. L	Sunder 1	or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICEN  REPORT &		22	well Funera	FACILITY 145	1 Dares	Beach Rd.		
23. PART I. Enter the diseases, or con shock, or heart fallure. Lis	mplicatione that caused the dat only one cause on each lin		er the mode of dying, s	such as cerdiac or res	oiratory arrest,	Approximate		
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PLACE OF DE	In Part I. 24e. WAS A PERFC  1  YES  (Check only one)  100 6 Other (Specify)  28d. 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MARYLAND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. For the manner of by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral investigates a mould be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner masses noutlied at once.
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PHY	this	MIN C	rked
DING	After	deat	S me
TEN	CIOR	after	28
OR /	DIRE	be filed writhin 72 hours after death with the State Depti, of Health and Merital Hygherle prior to burial, cremation, or removal.	Tem
PITAL	ERAL	27 11	T: II
HOS	FUN	WITH	TAN
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FOR STATE		STATE OF I	MARYLA	ND /	DEPAR	TMEN'	r of h	IEALTH	AND	MENTAL HYGIEI	NE	91	21340
REGISTRAR				CE	RTIF	CAT	E OF	DEA	ГН	REG. NO	Ö.		
1. DECEDENT'S NAME (First,										2. DATE OF OEATH	DAY _	YEAR	3. TIME OF DEATH
Catherine					Groo	m				July 26,	1991		727 A M
4. <b>social security nume</b> 220 78 6141		5. SEX	6. AGE (II		birthday)	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH 10 12 19	1	Count	HPLACE (State or Foreign try) Cyland
90. FACILITY NAME (If not in 14321 Cal							, town	ONS	ION OF DI	EATH		univ of c	
RESIDENCE OF DEC													
Maryland	10b. COUNT	vert				LOMO	or Loca ns	TION					10d. INSIDE CITY LIMITS? 1 YES 2 T NO
100. STREET AND NUMBER 14321 Ca								20	688		10g. CI		WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY			2 A	2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black						E — American Indian, ik, White, etc. my: White			
	EDENT'S EDI			16a. DEG	CEDENT'S	USUAL C	CCUPATION TO	ON at of worki	ina	16b, KIND OF B	USINESS/II	IDUSTRY	
(Specify only highest grade completed)  Elementary/Secondary (0-12)  Coflege (1-4 or 5+)			+)	(Give kind of work done during most of working life. Do NOT use retired.) housewife					homemaker				
John Edw:		ın								ME (First, Middle, Meide Tarleton	n Sumame)		
Judith Ann		r		196	200 (	ADORES Calv	s (Street ) ert	Beac	or Rund	Route Number, City or Roll. St. Leo	mard	Md.	20685
20a. METHOD OF DISPOSIT  1     Burial 2   Crematic 4   Donation 5   Other	on 3 🗆 Ren	noval from State	20b. Sc	PLACE (	Ons (	Ceme	tery	metery, crei	matory or			- city or To Mary	
21. SIGNATURE OF FUNETA	E-SENVICE L	Lock						Broom		Nausci			Home ic Maryland
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a. end	Sta	GC.	e	an				h as cardiac or rea	piratory a	rrest,	Approximate interval Between Onset and Death
Sequentially list condit if any, leading to imme		b	OR AS A		NUENCE O	F):							

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

DUE TO	(OR AS A	CONSEQUENCE OF):
DUE TO	100 AS A	CONSEQUENCE OF):

PART II. Other significant condition	ne contributing to death but not	t resulting in	the Ur	nderlying cause given in	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1			26. PLACE OF DEATH (Chi	ock only or	70)	
EXAMINER?  1 YES 2 NO	HOSPITAL: 1 inpetient 2 inpetient	3 DOA		er (Specify)			
7. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28c. INJURY AT WORK? 1 YES 2 NO	25d. OE	SCRIBE HOW INJURY OCCU	RED

1 Natural
2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, building, etc. (Specify) 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 | He 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and m

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 6

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

YAZDANI KIOUMARCE 9.0 Box 70 20639 Huntma mD 31. DATE FILED (Month, 'Day; Year)

32. BEGISTRAR'S SIGNATURE
Gulia Davidson-Rondare 1991 99

and the same of

BALTIMORE, MARYLAND 21203-3146	us after death. Page 6 may be retained by the hospital or attending physic	in by the funeral director, page 5 should be detached for use as the burial removal.	edical examiner must be notified at once.
	P	filled in	he me
DIVISION OF VITAL RECORDS, P.O. BOX 13146	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical businessing	2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending providing and completely fined in by the funeral director, page 5 should be detached for use as the burial in a fine within 72 hours after death with the State Degr. of Health and Mental Modern in the burial commission, or removal.	MPORTANT: if Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIF	ICATE C	F DEA	TH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) GRIFF					2. OATE OF I	23	YEAR 9/	3. TIME OF DEATH
	577-46-1679 10 M2 XF 5	yrs. last birthday) "6 YRS.	MONTHS DAY	NOURS	MIN.	7. DATE OF E	35	BAI	Timoral A
TOR	9a. FACILITY NAME (If not institution, give street and number)  GROSULIUR HEALTH CARE CENTS  RESIDENCE OF DECEDENT	er		hese		lary/		ant q	onery
DIRECTOR	MD 106. COUNTY Prince George	rge Cl:	y, town on Lo inton	CATION					10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	3407 Accolade Drive			101. ZIP COO			10g. (	USA	HAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE.	2XXNO	If yes	DECENDENT , specify Cub YES X X NO	en, Mexica	n, Puerto Ricar	pecify Yes or No- n, atc.)	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the Do NOT us	work done during se retired.)	ATION most of work	ing		S. GOY		ent
SON	17. FATHER'S NAME (First, Middle, Last)	- (4.9)	F 1.04				e, Malden Surnam		
BE (	Thomas Vernon Warthen			Ma	ry P	risci	lla En	nmeri	ch
70	19e. INFORMANT'S NAME (Type/Print) Elizabeth C. Juarez						City or Town, State,		20744
			Jaffr			F			ton. MD
	1)X Buriel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify)	other place) Orist I	Episco	pal	Ceme		WEST		
	21. SIGNATURE OF PUNERAL SERVICE LICENSIES  THOMAS Haubot	I	Har 12	Ridge	y Fu ely	neral Avenu	Home	napol:	is, MD
	23. PART I. Enter the diseases, or complications that caused shock, or heart feilure. Liet only one cause on ear IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ch line.					or reepiratory	arrest,	Approximete interval Between Oneet end Deeth
NO	Sequentielly list conditions,  DUE TO (OR AS A DUE TO (OR AS A	U77	F):						7/91
ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events)								1990
CERTIFICATION	that initiated events resulting in deeth) LAST	CONSEQUENCE	mode	~					(991
	PART II. Other eignificent conditions contributing to death but	t not resulting	in the under	ying ceuse	given in	Part i. 24	. WAS AN AUTOP	sy 24b.	WERE AUTOPSY FINDINGS
: MEDICAL	Dubetes Willitins					1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		/ 2	8. PLACE OF	DEATH (Ch	eck only one)			
SIC	EXAMINER?  1 VES 2 NO  HOSPITAL:  1 Inpetient 2 ER/Outpe	itlent 3 DOA	OTHER:	Home 5 🗆 R	lesidence	6 Other (Sp	ecify)		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	26b. TIN	JURY	INJURY AT WORK?	O ho	28d, DESCRI	BE HOW INJURY	OCCUREO	
	3 Suicide 6 Could not be determined 28e. PLACE of INJURY building, stc. (Specific Specific Sp	At home, farm,	atreet, factory,	office			IN (Street and Num own, State)	nber or Rural R	louite Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination								) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  DB Patrula III MO			D	ENSE NUI	29	▶"	DATE SIGNEO	3/91
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (7)	Colesi	ille	Rd	Silv	ierSpr	My N	1120910
	31. DATE FILED MONTH, DEN 1991 June Dandon R	TURE DE					<del>-</del>		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-pour arms of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Invited	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
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31. DATE FILED (Month, Bey, Year)
JUL 26 1991

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		FOR STATE REGISTRAR	STATE OF I	MARYLAN	ID / DEPAR				MENTAL HYGIEN REG. NO.	E		
	i	1. DECEDENT'S NAME (First, Middle, Last)			0				2. DATE OF DEATH			. TIME OF DEATH
	ì	EDITH IDEM	AN G	YSEL					July 24	. 199	YEAR	А. м
1	1	4. SOCIAL SECURITY NUMBER	5. SEX		rrs. last birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF BIRTH	,	8. BIRTHPL	ACIE (State or Foreign
1	,	550-44-7936	1 M 2 🔀 F	9.5	YRS.	MONTHS DAY	8 HOURE	MIN.	(Month, Day, Year)	.189	Courinity)	
- 1	1	9e. FACILITY NAME (If not institution, give str	net and number)	33		9b. CITY, TOW	N OR LOCATA	ON OF DE	Sept.27		TY OF DEA	York
- 1	œ	MOTOR DEPOSIT HIS PARTY OF							ain .	2 17-1-2		
	유	11 Dunton Road				Ann	apoli	S		Anı	le A	rundel
	DIRECTOR	10a. STATE 10b. COUNTY	-		10c, CIT	Y, TOWN OR LO	CATION				1	Od. INSIDE CITY
	뜸 I	Maryland Anne	Arund	٦٦	Δ	nnapo	lic				- 1,	LIMITS?
		10e. STREET AND NUMBER	11 and	CI	44	HHapo.	101, ZIP CODI	E		10g. CITIZ	EN OF WH	AT COUNTRY?
	3	ll Dunton Roa	d				27	401			U.S	Α
	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	S. ARMEO	13 WAS			IC ORIGIN? (Specify Yes	or No-		- American Indian,
		1 Never Married 2 Married	FORCES?	YES	2 NO	If yes		n, Mexicar	n, Puerlo Rican, atc.)		Black,	White, etc.
	B	3 🖫 Widowed 4 🗌 Divorced	IF TES, GIVE T	MAN ON DATE	:5	''	ES 2 X NO	Specify			Whi	
	0	15. DECEDENT'S EDUC		-10	Be. DECEOENT'S	USUAL OCCUP	ATION		16b. KINO OF BU	SINESS/IND		00
- 1		(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5	4)	life. Do NOT u	work done during se retired.)	most of working	ng				
20	4	12		"	Home	maker			Hor	ne		
906	COMPL	17. FATHER'S NAME (First, Middle, Lest)					18. MOT	HER'S NAI	ME (First, Middle, Maiden			
must be notified at once.	Ш	William Ideman					C	athe	erine Foo	25		
6	0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	_		Route Number, City or Tow		Code)	
notice.	2	Diane Donnelly							outh, La			20724
20	- 1	20a. METHOO OF DISPOSITION		20b. P	LACE OF DISPO					CATION —		
Ħ		1 Buriel 2 Cremetion 3 Remo	val from State	0	ther place)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 1		-	
		21. SIGNATURE OF FAMILIAL SERVICE LICE	DASKS /	mei	Lobor	22. NAM	AND ADDRE	SS OF FAC	y 7/24 4		indr	la, VA
CERMINE		Volley V-	fank			Tay	lor F	une	ral Chap	el	21	401
	- 111	yeggegs.	ragro	7		147	Glou	cest	ter St.,	Anna	poli	s,MD
or other traumatic event, the medical		23. PART i. Enter the diseases, or constant shock or heart failure. L	omplications the	at caused t	he deeth. Do	not anter tha	mode of dy	ing, sucl	h as cardiac or resp	iratory sm	est,	Approximate
E		IMMEDIATE CAUSE (Final	let only ona ce	use on eac	n line.							Oneet and Deeth
흌	- 1	disease or condition	C	VE	+							
ent,		resulting in deeth)	DUE TO	O (OR AS A C	ONSEQUENCE O	F): ¬			- 1 -	1	11 .	
0	_		Λ	10	gree	m	w	0~	i tais	Low	ha	4
mat	0	Sequantially list conditions, if any, leading to immediate	DUE TO	OR AS A C	ONSEQUENCE O	F):	-			0	)	
E I	RTIFICATION	ceuse. Enter UNDERLYING			,							
ě	Ē	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A C	ONSEQUENCE C	F):						
2	분	resulting in deeth) LAST										
<u>≥</u>	G											
any inju	A	PART II. Other significent conditions	contributing to	deeth but	not resulting	in the under	ying ceuse	given in	Pert I. 24e. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
an	EDICAL	(,(k)>	( 4						1 _ YES :	D-140		COMPLETION DF CAUSE OF OEATH?
shows	ME								_			I WES 2 NO
3 84												
m 23	A	25. WAS CASE REFERRED TO MEDICAL		-		2	B. PLACE OF E	DEATH (Ch	eck only one)			
item	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpat	lent 3 DOA	OTHER:	Home 5 🗆 R	asidence	8 Other (Specify)	omic	ily	Core of
0,0	Ξ	27. MANNER OF DEATH	28e. DATE O		28b. TIR		INJURY AT		28d. OEŞCRIBE HOW	INJURY OCC	CURED	`
marked,		1 Natural 5 Pending Investigation	(Month,	Day, Year)		JURY 1	WORK?	□ NO				
Is m	B	2 Accident sinvestigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY -	- At home, farm,	streat, factory,	office		28f. LOCATION (Street	end Number	or Rural Ac	ute Number,
28		4 Homicide determined	building	j, etc. (Specify	"				City or Town, State	)		
Hem		29e. CERTIFIER	MAN. To the best of	l les entre	4			11.474	AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T			
	MP	(Check only 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINE										and manner as stated
AN	COM		<u> </u>			, at any opinio						
IMPORTANT: IF	BE	296. SIGNATURE AND THE OF CERTINES	P. A.	. 1			29c, LIC	ENSE NUI	MBER	29d. DATI	BIGNED (	Month, Day, Year)
E	2	3. NAME AND ADDRESS OF PERSON WHO	Cympi exeu on	Y/	MATEMAN CO	- Orles	1 3)	VI	4 28			(*11

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ay M 600R (DGLEY

AVE Sur LE (10 ANWAPOUS MOLEY)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page flour, and the hospital or attending physician.  THE FUNEX LORGING After this carbined by the attending physician and completely flight in by the funeral difference and the formation or the burial. Certains has the formation for the second of the formation or famoral.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN	_	21343
1. DECEDENT'S NAME (First, Middle, Last)		OLKIII	JAIL OF	DEATH	2. DATE OF DEATH		3. TIME OF OEATH
Jennie M. Gould					монтн 07	27 9	1 10:40pm
		yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-08-18	399	BIRTHPLACE (State or Foreign Country) Maine
9a. FACILITY NAME (if not institution, give street  Montgomery General RESIDENCE OF DECEMENT			9b. city, town Olney	OR LOCATION OF	DEATH	9c. COUNTY Montg	
Maryland Montgo	omery	10c, CI1	Rockvil				10d, INSIDE CITY LIMITS? 1 KWES 2 NO
10e. STREET AND NUMBER  4636 Sunflower  11. MARITAL STATUS  1 Never Married 2 Merried					853	U.S.	of what country?
11. MARITAL STATUS 1 Never Married 2 Married  ***Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	It yes, s		ANIC ORIGIN? (Specify Ye can, Puarto Rican, atc.) cify:	a or No 14.	RACE - American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) NA  17. FATHER'S NAME (First, Middle, Last)	ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupati work done during m se retired.)	ON =- ost of working	186, KIND OF BU	ome	
17. FATHER'S NAME (First, Middle, Last) George W. Morrill				CALL TOWN AND ALL	NAME (First, Middle, Maide) Julia Frye	surname)	
19a. INFORMANT'S NAME (Type/Print) Ansel V. Gould					al Route Number, City or To		vland 20853
20a METHOD OF DISPOSITION  **Disposition 3	ral from State of a	PLACE AND DAT	E OF DISPOSITION	(Name	DATE 20c. LO	DCATION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE		M00255	22. NAME A	nd ADDRESS OF	Basford P	.A. Fur	
23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirato	ey faul	not antar tha m				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Pulmon Phone	CONSEQUENCE C	dema	(ARDS	so Diete Synd	sowe	)
DART II Other elegificant conditions	contributing to death b	ut not resulting	In the underlyle	ng cause given	In Part I. 24a. WAS A	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
Circulary Crete	1 🖸 YES	1 YES 2 NO COMPLETO OF DEATH					
	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH	Check only one)		
27. MANNER OF DEATH  1 Naturel 5 Pending  2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	IJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED
1 9 Quidida -	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm,	street, factory, offi	ce	28f. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
cont only	IAN: To the best of my know : On the besie of exemination						ause(a) and manner as stated,
296. SIGNATURE AND TITLE OF CERTIFIER ON YOUR SO, NAME AND ADDRESS OF PERSON WHO	ze W			29c. LICENSE I	26	29d. DATE S	IGHED (Morlin, Day, Year) 200

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JUL 3 1 1991

ist be notified at once.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mount and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the harm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minore.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	_	
1. DECEDENT'S HAME (First, Middle, Lest)  MARTHA	HAMMO	DND	2. DATE OF DEATH MONTH	4-9	3. TIME OF DEATH
A. SOCIAL SECURITY HUMBER  943-03-/343 1   9a. FACILITY HAME (If not institution, give street and not	7	F UNDER 1 YEAR F UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Dat. Mar)	9c. COUNTY	BIRTHPLACE (State or Foreign
STELLA M	ARIS	TOWSON	EATH	BALTI	MORE
L. L.	imore 10c. car	y, TOWN OR LOCATION White Ha	all		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10c. STREET AND NUMBER  1615 White H	all Road	101. ZIP CODE 211.6	51	10g. CITIZEN	U.S.A.
1 Never Married 2 Married FORG	OECEDENT EVER IN U.S. ABMED ES? 1 YES 2 NO S, GIVE WAR OR DATES	13. WAS DECEMBENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 HO Speci	an, Puerto Rican, etc.)	or Ho— 14.	RACE — American Indian, Black, White, etc. Specify: Caucasian
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	(Give kind of a life. Do NOT us	USUAL OCCUPATION work done during most of working to retired.)  OUSEWife	166. KIHD OF BUS	Home	
17. FATHER'S NAME (First, Middle, Lest)			AME (First, Middle, Malden	Surname)	
Charles 19a. INFORMANT'S HAME (Type/Print)	Davis 196 MAILING	ADDRESS (Street and Number or Rural	UNKNOW  Route Number, City or Tow		(a)
Emma L. Taylor		ame as #10			
20a. METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State 20b. PLACE OF DISPOSATION Of PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	Gremation (Name of cometery, crematory or		mnste	ad. Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kurton	22. NAME AND ADDRESS OF F		me	
The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	n: TIC GARDLOUA n:			SE
PART II. Other aignificant conditions contrib	uting to death but not resulting	In the underlying couse given is	Pert I. 24s. WAS AN PERFOI 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL	28. PLACE OF DEATH (C	heck only one)		
1 TES 2 NO 1 Inpo	tient 2 ER/Outpetient DOA DATE OF INJURY 286, TIM	Nursing Home 5 - Residence	6 ☐ Other (Specify)  28d. DESCRIBE HOW	IN ILIBA UCCITB	En .
1 Hetural 5 Pending 2 Accident Investigation		M 1 YES 2 HO	and Deporture from	indon'i occor	
3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY — At hoefe, ferm, building, atc. (Specify)	street, factory, office	281. LOCATIOH (Street City or Town, State)		Rural Route Number,
	he best of my knowledge, death obsurr				suse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LIOENSE NI	IMBER 45 alf	29d. DATE SI	ONED (Month, Day, Year)
SO. HAME AND ADDRESS OF PERSON WHO COMPLETED DIE WAKHUD	TED CAUSE OF DEATH (ITEM 27) (Type A , MD. STE	LLA MARIS -	-TOW SON	(M)	21204
31. DATE FILED (Month, Day, Year) 32.	REGISTRATE SIGNATURE Pande	82.			

OHMH-18 Ray 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be recently se hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, part of the factor and some section of the foruse as the foruse as the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the forus of the f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after d	IMPORTANT: If item 28 Is

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	N			//			ГН	0 5477	OF DE 1711			A TIME OF ACTU
ARTI	hur	GLody		Hoy	10			2. DATE MONTH	F DEATH	191	YEAR	3. TIME OF OEATH
4. social security number 220–34–7931	5. SEX 1 M 2 F	8. AGE (In yrs. )	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		of BIRTH	907	s. BIRT	HPLACE (State or Foreign Tyland
9e. FACILITY NAME (If not institution, given Prederick Memoria		al			oder:	ick	ON OF DE	ATH			eder	
RESIDENCE OF DECEDENT												
Md . 106. COUNT	gomery		10c. CD	ickei	r LOCAT	ION						10d. INSIDE CITY LIMITS? 1 YES 2 M NO
18200 Comus Ro	ad				101	. ZIP CODI	208	342		10g. CIT	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	THE EVER IN U.S. 1 YES 25			tf yes, sp		n, Maxicar	n, Puerto I	I? (Specify Ye Rican, atc.)	a or No-	Blac	ck, White, atc.
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 11th	College (1-4 or 5		Give kind of life. Do NOT u	work done -			ng	186	KIND OF BU	ISINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Ernest Hoyle							HER'S NAI		widdle, Meider ents	Surname)		
19a. INFORMANT'S NAME (Type/Print) Anna Lee Hoyle									ber, City or Tow Md.			
28a. METHOD OF DISPOSITION 1.概 Burlal 2 □ Cremation 3 □ Ra 4 □ Donation 8 □ Other (Specify) □	moval from Stata		CE AND DAT			(Name		DAT		CATION -		own, State
										-	_	Transaction -
23. PART i. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Finel	complications the	net coused the	death. Do ne.	not anter	2111	de of dy	llsv:	ille	Rd. I	Barne 2083 Diretory er	svil 8 <sub>Teet,</sub>	Approximata interval Betwo
23. PART I. Enter tha diseases, o shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in daath)	r complications the List only one constitutions and second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	net coused the	death. Do ne.	not anter	2111	Bea.	llsv:	ille	Rd. I	Barne 2083 Diretory er	svil 8 <sub>Teet,</sub>	Approximata interval Betwo
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FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

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1 VES 2 ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  ce, and due to the cause(a) and manner as stated.  ured at the time, data and place, and due to the cause(a) and menner	r an s
10	WORK?  1 YES 2  actory, office  e time, data and place by opinion, death occurs	work?  1 YES 2 NO  26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  10f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  10f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 18 per like the law from the transfer of the state this certificate has been signed by the attending physician and completely filled in by the funeral difference of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH ANI E OF DEATH	D MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) ETHEL	A m m	HERNDON			AY YE	
. (		SEX 6. AGE (In yrs.		R 1 YEAR   IF UNDER 24 HR	July 24	8. B	3:30 P M
	232-86-4161 1 9s. FACILITY NAME (# not institution, give street	□ M 2 x x 84	YRS. MONTHS		Oct 11	0	est Virgini
DIRECTOR	Memorial Hospital	en numbery		mberland	DEATH	Alle	
S S	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION		<u>-</u>	10d. INSIDE CITY
듬	Maryland Alleg	anv	Lav	ale			LIMITS?
A	10e. STREET AND NUMBER	11		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	43 A Robinwoo	od Drive		2	1502		USA
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	ARMED 13.		PANIC ORIGIN? (Specify Yexican, Puerto Rican, atc.)	na or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: White
	15. DECEDENT'S EDUCATI	ION 18a.	DECEDENT'S USUAL O	OCCUPATION	t6b. KIND OF BL	JSINESS/INDUST	
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	during most of working			
립	12	2	Housewi	fe		own	home
8	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maide		HOME
	Charles Rade	er		Т	Lula McCut	chen	
BE	19a. INFORMANT'S NAME (Type/Print)	T	19b. MAILING ADDRES		ral Route Number, City or To		(0)
2	Cecil T. Herndo	on I	43 A F	Cohinwood	Dr. LaVal	OM O	21502
	20a. METHOD OF DISPOSITION	20b. PLA		POSITION (Name		OCATION - City	
	1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	from State of cemet	ary, crematory or other 七日awn Me	place)	den7/27/91	Aneta	ā WV
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE .		. NAME AND ADDRESS OF	FACILITY		
	De James De L	Hale.		Hafer Cha	apel of the	ne Hil	ls Mortuary
	Coughing .	4 .11					aVale.MD215
	23. PART I. Enter the diseases, or com shock, or heert fellure. Lis	t only one ceuse on each l	ine.	ir the mode of dying,	such as cardiac or res	piratory arrest,	Interval Between
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Statu	· la	lestic	$\sim$		Onset and Death
		SINE ANT HOW WILL W COM	REQUENCE OF)	0 - 0			11.
z	C	Sum	e (	dish-			xighs
음	Sequentially list conditions, if any, leading to immediate	DAS 10 IOU NO A CON	O OF	0	1 .		- 0
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Jene	Le c	Lemen	オーレ		7
쁜	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):				
CERTIFICATION	L 4						
7	PART II. Other significant conditions of	contributing to death but no	ot resulting in the u	inderlying ceuse giver		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL					PERFO	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MED						~~~	OF DEATH?
					The section		I LI TES Z LI NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)		
PHYSICIAN:	EXAMINERY	OSPITAL:	OTHE		The Landson		7,57
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
	Natural 5 Pending	(Month, Day, Year)	INJURY M	WORK?			
BY S	2 Nicoldent 3 Suicide & Could not be	28a. PLACE OF INJURY - A	I home, farm, street, fa	ctory, office	28f. LOCATION (Stree		Bural Route Number,
E	4  Homicide determined	building, etc. (Specify)			City or Town, Stat	a)	
COMPLETED	294. CERTIFIER CERTIFYING MYSICIA	N: To the best of my knowledge	, death occurred at the	time, date and place, and	due to the causelet and m	anner as stated	
M	Torritor any						iuse(a) and manher as stated.
	296. SIGNATURE AND TITLE OF CONSTITUE			29c, LICENSE			ONED (Month, Cay Year)
BE (	00,12		V	D 12		▶ DATE SI	12519

EATH (ITEM 27) (Type, Print)

Mospital Medical Bldg., Cumberland, MD

Fiscus,

31. DATE FILED (Month, Day, Year)

JUL 2 6 199

W.

Dr.

DHMH-16 Rev t/89

21502

2 5 1391

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Two requires that the death certificate be executed writin 24 hours after death. Page 6 mm to retained by the hospital or attending pit TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director are 5 amount be deached for use as the busing a feel within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to busin, cremators, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ath. Page 6 min the testament by the hospital or attending p.	ineral; director, une 5 should be detached for use as the bu	)	aminer must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa

STATE REGISTRAR	STATE OF MARYL		ATE OF DEATH	MENTAL HYGIEN REG. NO	_	1 21348
DECEDENT'S NAME (First, Middle, Last)	Virginia K	eener Hale	tale			
SOCIAL SECURITY NUMBER		440		7. DATE OF BIRTH (Month, Day, Year)	C	HRTHPLACE (State or Foreign country)
			CITY, TOWN OR LOCATION OF			
We will be a second of the second	and the second second		Hagerstown		Washi	
1200						10d. INSIDE CITY LIMITS?
	ington	Will			100 CITIZEN	0(□X YES 2 □ NO OF WNAT COUNTRY?
	2110					OF WALL COOKINT?
MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 \( \subseteq \text{YES}	2) NO	13. WAS DECENDENT OF HISPI If yee, specify Cuben, Maxie	can, Puarto Rican, atc.)	a or No- 14.	RACE — American Indian, Black, White, etc. Specify: White.
		(Give kind of work	done during most of working	16b. KIND OF BU	SINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	tired.)			
FATHER'S NAME (First, Middle, Last)	2	Homeman		IAME (First, Middle, Maiden	Sumame)	
Benjamin F. Keene	?Л.		Lula M	. Nuzum	,	
. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rure	I Route Number, City or Tov		
ancy H. Douglas						1750
Burlat 21/2/Cremation 3 - Rame	oval from State of	cemetary crematory or	other place)			
		ansburg C		FACILITY		
Maria S	A h		141 (11 ( )			
V STATE OF THE			I I/LI III MATIN			
PART L Enter the disease, o	omplications that caused	the death, Do not	anter the mode of dying, su	ich ea cardiac or reap	oiratory arreat,	Approximate
D. PART L-Enter the disease, of ahock, or heart failure.  IMEDIATE CAUSE (Final sease or condition suiting in death)	List only one cause on e	ech iine.	anter the mode of dying, su  Tructive P	ich ea cardiac or reap	oiratory arrest,	Approximate interval Between Onset and Death
ahock, or heert fallers.  IMEDIATE CAUSE (Final sease or condition suiting in death)	a. Chron DUE TO (OR AS A	ech iine.	anter the mode of dying, su	ich ea cardiac or reap	oiratory arrest,	Approximate interval Between Onset and Death
ahock, or heert fallers.  IMEDIATE CAUSE (Final sease or condition suiting in death)	B. CHEM DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	anter the mode of dying, su	ich ea cardiac or reap	oiratory arrest,	Approximate interval Between Onset and Death
ahock, or heert fallers.  IMEDIATE CAUSE (Final sease or condition suiting in death)  sequentially list conditions, any, leading to immediate luse. Enter UNDERLYING	B. CHEM DUE TO (OR AS A DUE TO (OR AS A	consequence of):	anter the mode of dying, su	ich ea cardiac or reap	oiratory arrest,	Approximate interval Between Onset and Death
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ahock, or heert fallers.  IMEDIATE CAUSE (Final sease or condition suiting in death)  equentially list conditions, any, leading to immediate luse. Enter UNDERLYING AUSE (Disease or Injury at Initiated events	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF):	fuctive p	ich ea cardiac or reap	N AUTOPSY RIMED?	Approximate interval Between Onset and Death
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Other significant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 8 Could not be detarmined	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  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DECEOENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  12  FATHER'S NAME (First, Middle, Last)  REMORMANT'S NAME (Type/Print)  THICH H DOUGLAS  METHOD OF OISPOSITION  METHOD OF OISPOSITION  METHOD OF OISPOSITION  METHOD OF OISPOSITION  METHOD OF OISPOSITION  METHOD OF OISPOSITION  METHOD OF OISPOSITION  100  11 M 2)CF  12 M 2)CF  12 M 2)CF  13 M 2)CF  14 M 2)CF  15 M 2)CF  16 M 2)CF  17 M 2)CF  18 M 2)CF  19 M 2)CF  19 M 2)CF  10 M 2)CF  10 M 2)CF  10 M 2)CF  10 M 2)CF  11 M 2)CF  12 WAS DECEOENT EVER IN FORCES?  11 M 2)CF  12 WAS DECEOENT EVER IN FORCES?  11 M 2)CF  12 WAS DECEOENT EVER IN FORCES?  12 WAS DECEOENT EVER IN FORCES?  15 DECEOENT EVER IN FORCES?  16 M 2)CF  17 M 2)CF  18 M 2)CF  19 M 2)CF  10 M 2)CF  10 M 2)CF  10 M 2)CF  10 M 2)CF  10 M 2)CF  11 M 2)CF  12 WAS DECEOENT EVER IN FORCES?  11 M 2)CF  12 WAS DECEOENT EVER IN FORCES?  11 M 2)CF  12 WAS DECEOENT EVER IN FORCES?  16 M 2)CF  17 M 2)CF  18 M 2)CF  18 M 2)CF  19 M 2)CF  19 M 2)CF  10 M 2)CF  10 M 2)CF  10 M 2)CF  10 M 2)CF  10 M 2)CF  11 M 2)CF  12 WAS DECEOENT EVER IN FORCES?  11 M 2)CF  12 WAS DECEOENT EVER IN FORCES?  12 M 3 M 2 M 3 M 4 M 4 M 4 M 4 M 4 M 4 M 4 M 4 M 4	SOCIAL SECURITY NUMBER  5. 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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First,									2. DATE OF	DEATH DA	Y	YEAR	3. TIME OF DEATH
	Lena Do									July		1991		7:50 A M
٠,	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. lest		MONTHS	1 YEAR	HOURS	R 24 HRS.	7. DATE OF E (Month, De	BIRTH ly, Year)		6. BIRTHE	PLACE (State or Foreign
	232–26–0521		1 🗆 M 2 💢 F	87	YRS.	W 1			CORP.	Jan.	9, 1	904		Virginia
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0	Moran Mano	r Nurs	sing Ho	me		We	ste	npor	t			Al	1egar	ny
EC	10a. STATE	10b. COUNT	Y		10c. CIT	ry, town (	OR LOCA	TION		_				10d. INSIDE CITY
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BE	19a, INFORMANT'S NAME (7)	_		100	MARI IN	ADDRES	P /Phone	and Almah		Route Number, (		-	. 0 . 1 .	
2	Shirley New													21562
	20e. METHOD OF DISPOSITI	ION		20b. PLACE (						ternpo			LdIIC	
	1XXBurial 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	noval from State	- Potom	(80)									vii, State
	21. SIGNATURE OF FUNERA							ND ADDRE		CILITY	ney	ser,	VVV	
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-	23. PART I. Enter the di	2 Me					P.0.	BOX	912	, Keys	er,	WV	26726	
	ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert fallure.	List only one ca	ongett						ii aa cardiac	or respi	ratory ar	reat,	Approximata interval Between Onset end Death
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χ	Sequentially list conditi	lone C	b											
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CERTIFICATION	CAUSE (Disease or Inju		C. DUF TO	(OR AS A CONSEC	LIENCE C	NE)								
Ē	that initiated events resulting in death) LAS	т				. ,.								
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	PART II. Other algnifica										. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Latro	a cra	nial no	coplas	-	prio.	(	ere	kovu	valer 11	YES 2			COMPLETION OF CAUSE OF DEATH?
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SIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF I	DEATH (Ch	eck only one)				
Si	1 TES 2 NO			☐ ER/Outpatient 3	□ DOA	OTHE Nu		ne 6 🗆 R	lealdence	6 Other (S)	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	2010/2010	28e. DATE Of (Month, I		28b. TII	WE OF		JURY AT DRK?		26d, DESCRI	BE HOW I	NJURY OC	CURED	
BY		Pending Investigation				М		YES 2 [	□ NO					
		Could not be	28e. PLACE ( building	OF INJURY — At ho, etc. (Specify)	me, ferm,	street, fac	tory, offi	ce		281. LOCATIO City or To	ON (Street e		r or Rural A	oute Number,
COMPLETED	4  Homicide	determined												
P		FIFYING PHYS	NCIAN: To the best o	f my knowledge, de	ath occur	red at the	time, dat	and place	e, end dua	to the cause(	e) end mar	ner as sta	nted,	
0	one) 2 MED	ICAL EXAMIN	ER: On the baels of	examination end/or i	nvestigati	ion, in my	opinion,	death occu	red et the	time, date end	d place, an	d due to t	he ceuse(e)	end manner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFIE	iR //	0		0		29c. LIC	ENSE NUI			29d. DAT	TE SIGNED	(Month, Day, Year)
3 BE	1/Kr	ere	1/6	e	-2	2		0	214	188		•	7-2	2-9/
5	30. NAME AND ADDRESS OF	F PERSON WI	HO COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Typ	e, Print)								
	Dr. Thomas	J. Do	evlin, MD	, 74 Mai	n St	reet	, Lo	onacc	ning	, Mary	land.	21	539	
	31. DATE FILED (Month, Day,	Year)	932. REGISTR	AR'S SIGNATURE	02.	- 11								
	JUL 24	1331	The way	I A TO THE TOTAL										

## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

\*\*MPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Page 1	
	permit.	
The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician.	to has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Present Boot, of Health and Mental Hotelee prior to burial, cremation, or removal.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR		CERTIFICA	ATE OF DEAT	H REG	. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	Ummer			2. DATE OF DEA		AR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (In	yrs. last birthday) IF I	INDER 1 YEAR  FUNDER	24 HRS. 7. DATE OF BIRT	2/9/	WITHPLACE (State of Foreign)
220-16-9539	iXM20F 8	YRS. MON		MIN. (Month, Day, 1		Marylan
9e. FACILITY NAME (If not institution, give	Street and number)		CITY, TOWN OR LOCATIO	N OF DEATH	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	uising home		amoring	P, 1110.	I LUIC	1162161
10e. STATE 10b. COUNT	rchester		WN OR LOCATION	mo	14	10d. INSIDE CITY LIMITS?  1 VES 2 NO
10a. STREET AND NUMBER		Can	101. ZIP CODE	1110	10g CITIZEN	OF WHAT COUNTRY?
520 9 len Du			2	1613	7	1.5.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS OECENDENT OF IT yes, specify Cuber 1 YES 2 NO	F HISPANIC ORIGIN? (Spec , Mexican, Puerto Rican, e Specify:	lc.)	RACE — American Indien, Black, White, etc. Specify: Rlack
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S USU	AL OCCUPATION lone during most of working	18b. KIND (	F BUSINESS/INDUST	TRY O T T T T T T T T T T T T T T T T T T
Elementary/Secondary (0-12)	College (1-4 or 8+)	life. Do NOT use ret	red.)			
17. FATHER'S NAME (First, Middle, Last)	ET		18. MOTH	ER'S NAME (First, Middle, A	falden Surname)	,
Richard	2 Janles	/	6	allie	Wheel	e -
190. INFORMANT'S NAME (Type/Print)	4000	S / 1	7.1	or Rural Route Number, Olly	or Town, State, Zip Coo	A)
200. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITIO	N (Name of cometery, crem	atory or 2	DE. LOCATION - City	or Town, State
1 Buriel 2 Cremation 3 Red 4 Donation 8 Other (Specify)	/	other places /2 GS	ext Cer	ne.	Salem.	Md.
21. SIGNATURE OF FUNERAL SERVICE L	O LL		22. NAME AND ADDRES	S OF FACILITY	1/	Colm
23. PART I, Enter the diseases, or	J. / Y		1 V-l N- 4	Juna 1	rome	Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (on as a	CONSEQUENCE OF):				Interval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· Blino	CONSEQUENCE OF):				
PART II. Other algnificant condition	na contributing to death bu	it not resulting in th	e underlying cause g		AS AN AUTOPSY	24b. WERE AUTOPSY FINDING
					YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				EATH (Check only one)		
1 VES NO	HOSPITAL: 1   Inpatient 2   ER/Outpa		HER: Nursing Home 5 🗆 Re	sidence 6 🗆 Other (Speci	(v)	
27. MANNER OF DEATH  1 Natural 8 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		HOW INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE OF INJURY	At home, farm, stree		28f. LOCATION	Street end Number or I	Rural Route Number,
4 Homicide determined	building, etc. (Speci	rene		City or Town	, State)	
cond only	SICIAN: To the best of my knowledge. NER: On the basic of examination					ause(e) end manner as stated.
29b. SERVATURE AND TITLE OF CERTIFI			1	NSE NUMBER		GNED (Month, Day, Year)
Munel	Alrun				17/	2/9/
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	0			
Dr Wellta	Lacarana					
31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIGNA	A CONTRACTOR				

18 24 91 Selection

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 man to THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the human director, page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minoral uniformation, the marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYG							
,	1. DECEDENT'S NAME (First, Middle, Last)	Mary W	ilson Ha	andy		2. DATE OF DEAT	TH DAY	S. TIME OF DEATH P					
	229-38-9813		5 (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	8.	BIRTHPLACE (State or Foreign Country)  Virginia					
OR R	98. FACILITY NAME (# not institution, give PENINSULA GENE		L	SALISE	BURY	9c. COUNTY OF DEATH WICOMICO							
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	rcester	10c. CITY	POC	moke			10d. INSIDE CITY LIMITS? 14 YES 2 NO					
ERAL	100. STREET AND NUMBER P.O. Box	442		101	ZIP CODE	851	10g. CITIZEN OF WHAT COUNTR						
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAR ecify Cuban, Maxica 2 NO Specifi	n, Puarto Rican, etc		. RACE — American Indian, Black, White, etc. Specify: Blk.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Secondary  TENTAGE'S NAME (first Middle (ast))  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  TO OOK  16b. KIND OF BUSINESS/INDUSTRY (Give kind of working most of working life. Do NOT use retired.)  Food Jail												
BE CO	17. FATHER'S NAME (First, Middle, Last) Preston Wilson  18. MOTHER'S NAME (First, Middle, Maiden Surname) Sadie Warrington												
٩	19a. INFORMANT'S NAME (Type/Print) Sadie Wilson  19b. MALLING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RFD Box. 19 New Church, Va. 23415												
	20a METHOD OF DISPOSITION  1.2. Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		of cemetary, crematory  Tabern	or other place)	(Name	7-20-9	c. LOCATION — City	ntown, State					
		Wharto	'n				Home-Ac	comac, Va.					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart feliure. List only one cause on each line.  MMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  CONNAMY ATMENT SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SULUM SU												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF	F):	uscle	une &	713.						
MEDICAL	PART II. Other significent condition  Hypes	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO										
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, P	LACE OF DEATH (C)	reck only one)							
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	E OF 28c. IN.	BURY AT DRK?		OW INJURY OCCUI	RED					
B	Natural   5   Pending	28e. PLACE OF INJU	RY — At home, farm,	M 1 🗆	YES 2 NO	281. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,					
COMPLETED	290. CERTIFIER Check only	SICIAN: To the best of my kn											
B	296. SIGNATURE AND TITLE OF CERTIFIE	XAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and ERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Mo.											
۹ ا	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typo	Print) &	nove &	hive.	SALI	samy.na					
5	31. DATE FILED (Month, Day, Year)	102 REGISTRAR'S SI	GNATURE LANGE					/					

BALTIMORE, MARYLAND 21203-3146

ŀ	1. DECEDENT'S NAME (First		ETEN A	HOGAN	C					2. DATE OF DEATH	991	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMI		ELEN A.		_						.991		9 A.M. M
	218 20 71		1 M 2 KPF	6. AGE (In yrs. lest	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) July 21,	1899	Countr	IPLACE (State or Foreign y) to . Md .
ŀ	9a. FACILITY NAME (If not in		treet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
G B	Magnolia Ha	all Nu	rsing Cer	iter				town				Cent	
ត្ត	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y. TOWN (	OR LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Maryland		Kent			Rocl	к На	11					LIMITS?
FUNERAL	100. STREET AND NUMBER		ll Ave.				101	ZIP COD	661		10g. CITI	US.	A COUNTRY?
5	11. MARITAL STATUS Wi	dowed	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAN	HC ORIGIN? (Specify Yea	or No-	14. BACE	E — American Indian,
	1 Never Married 2		IF YES, GIVE V	YES 2 XN				2 NO		n, Puerto Rican, etc.)			white, etc.
BY	3 Widowed 4 Dive	100			No					No			white
Ĕ I		CEDENT'S EDU ly highest grade		16a. DE(	CEDENT'S	USUAL O	CCUPATIO	ON ast of workin	ng	16b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (	0-12)	College (1-4 or 5	) Ille.		se retired.) sewi:				Own Ho	ome		
SOS	17. FATHER'S NAME (First, A	,						18. MOT		ME (First, Middle, Maiden	Surname)		
BE			Charles H							rl Luchner			
2	Franklin T					Md.		Route Number, City or Town $1$	n, State, Zip	Code)			
	20a, METHOD OF DISPOSIT	on 3 🗆 Rem	URTAL Sover from State	20b. PLACE of other place Wesle	ice)						Hall		
	21. SIGNATURE OF FUNER		CENSEE	1110010				ND ADDRE		CILITY			
	1	Wi	llist	Wel	ls	J	. Wi	llis	Wel	P.O. 1s Chest			4 Md. 21620
TION	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentielly list condit if any, leading to imme	tiona,	e. DUE TO	(OR AS A CONSEC	Ler DUENCE OF	) }	70		1	t du			Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju- that Initiated avents resulting in death) LAS	ury	cDUE TO	(OR AS A CONSEC	PUENCE OF	F):							
	PART II. Other signific	ent condition	se contribution to	don't but not a		In the co			olive a la	Part I. 24e, WAS AN		1	WERE AUTOPSY FINDINGS
MEDICAL	TAIT II. Other against	ant condition	- Contributing to	- Geath but not i	esuring	m ure u	шепун	g ceuse	given m	PERFOR	MED?	/ "	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
													1 TYES 2 NO
PHYSICIAN:	05 WHO CARE DEFENDED T	TO MEDION											
ᅙ	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	R:			eck only one)			
<u>≥</u>	1 YES 2 NO		28a. DATE OF	ER/Outpatient 3	28b, TIM			URY AT	asidence	6 Other (Specify)	N III M OO	011050	
BY P	1 Natural 5	Pending Investigation	(Month, C		IN	JURY	WC	YES 2	] NO	28d. DEŞCRIBE HOW I	NJUHY OCC	COMED	
COMPLETED B	2	Could not be detarmined	28e. PLACE ( building,	OF INJURY — At ho , atc. (Specify)	me, ferm,	street, fec	tory, offic	ו		281. LOCATION (Street City or Town, State)	and Number	or Rural	Route Number,
۳	29a, CERTIFIER	TIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurr	ad at the	time dete	and place	and due	to the cause(a) and man	nor as elei	ad .	
NO N	one)									time, data and place, ar			a) and manner as stated.
	295. SIGNATURE AND TITL	E OF CERTIFIE	R 7 /	/				29c. LIC	ENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
9 6	6/2	1	/ /	-				D -	164	88	Jui	ne /	7 1991
2	Wayne D. B			D-16488			tert	own,	Md.	21620			
	31. DATE FILED (Month, Day)		32. REGISTR	AR'S SIGNATURE	-								
0	JUN 17		Luka	Davidson-V	fandel	2							

FOR STATE REGISTRAR

SOCIAL SECURITY NUMBER 212 32 5254	quard H	6. AGE (In yrs. In	st birthday)	IF UNDER				June	41.	1991		9:45 A
a. FACILITY NAME (If not institution, give a At Home Mallard D		57		MONTHS	DAYS	IF UNDER	24 HRS. MIH.	7. DATE O			a. BIRTHPLA Country)	ACE (State or Foreign
At Home Mallard D	9a. FACILITY NAME (if not institution, give airest and number) At Home Mallard Drive  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  No. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  RFD  10c. CITY, TOWN OR LOCATION  RFD  10d. INSIDE CITY  LIMITS?  1   YES   YES   NO.											
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												Н
	Kent		RFD	, TOWN O	R LOCA	TION				2162		d. INSIDE CITY LIMITS?  YES XX NO
Rte # 5 Box #	132				10	2162				10g. CITIZ	EN OF WHA	T COUNTRY?
1. MARITAL STATUS Married  Never Married 2 Married  Widowed 4 Divorced	FORCES? 1	YES 2	NO	11	yes, sp	pecify Cuba	n, Mexica	n, Puarto Ri	can, atc.)	s or No-	Black, W	American Indian, Thite, atc. hite
	completed)	(0	'Give kind of w le. Do NOT us	rork done d e retired.)	luring me	ost of working				SINESS/INDU	JSTRY	
7. FATHER'S NAME (First, Middle, Last)  Edward F	Requard	<u> </u>								Surname)		
												20
4 Donestory 5 Other (Specify) Capitol Crematory (6/29/1991) Dover Del.												, State
1. SIGNATURE OF FUNERAL SERVICE LI	Pin (1	1000	4	22.1	NAME A	ND AODRE	SS OF FA	CILITY				4 21620
disease or condition resulting in death)  a. CAMCITAMA OF COLONY  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury)  CAUSE (Disease or Injury)  C. CAUSE (Disease or Injury)										Onset and Deati		
PERFORMED?  1  YES 2 NO OI									ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO			
5. WAS CASE REFERRED TO MEDICAL						LACE OF D	EATH (C	neck only one	)			
1 YES 2 NO	1 Inpetient 2 26a. DATE OF	INJURY	28b, TIM	4 Nurs	ing Hor	JURY AT	ssidence			INJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigation 3 Suicide	26a. PLACE C	OF INJURY At h		М	1 🗆	YES 2	NO	261. LOCA	TION (Street	and Number	or Rural Rou	te Number,
4 Homicide determined		-										
(Check only												nd menner se stated.
96. SIGNATURE AND TITLE OF CERTIFIE	- pm				3.							
John C. Seymour					ert	own,	Md.	2162	)			
1. DATE FILED (10th. 00 10) 91	32. REQUITE	LATE STENATURE	n-Aand	400								
77. 99 V 10 11 12 11 11 12 11 11 11 11 11 11 11 11	MARITAL STATUS Married  Never Married 2 Merried  Never Married 2 Merried  Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade  Elementary/Secondary (0-12) 4  FATHER'S NAME (First, Middle, Last)  Edward F.  Intermediate Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Committee of Commi	MARITAL STATUS Married    Never Married   22 Merried   12. WAS DECEDEN   15 PORCES? 1 IF YES, GIVE W   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. 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DECEDENT'S EDUCATION	MARITAL STATUS   Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   N	MARITAL STATUS   Married   12. WAS DECEDENT EVER IN U.S. ARMED   PORCES?   1   YES   2   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE WARR OR DATES   NO   IF YES, GIVE	MARITAL STATUS   Married   12. 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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

the hospital or attending physician.

e detached for use as the burial-transit permit. Pages 1, 2, 3 should

at once.

YLAND 21215-0020

MARIO F.

31. DATE FILED (Month, Day, Year)
JUN 24 'Q1

32. REGISTHAR'S SIGNATURE

- Randelle

1 - FOR STATE REGISTRAR	SIAIE UF MAKY		TMENT OF HEALTH ICATE OF DEAT		REG. NO.	71	21004				
1. DECEDENT'S NAME (First, Middle ISABELLA	BEATRICE	HAI	RRIS	2. DATE MONT		991 :	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 213-44-0424	1 🗆 M 2 💢 F	66 YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	24 HRS. 7. DATE (Morri	of BIRTH th. Day Year) -17-1924	Country)	vland				
90. FACILITY NAME (If not institution ROUTE 289 No	CRIH		96. CITY, TOWN OR LOCATION CHESTERTO		9c. CC	KENT	ATH				
ROUTE 289 NO RESIDENCE OF DECEDE 10a. STATE 10b. Maryland	county Kent	10e, CIT	y, TOWN OR LOCATION Chesterto	wn		10d. INSI					
10e. STREET AND NUMBER	x 15		101. ZIP CODE 2.1	10g. C	U.S.	A .					
11. MARITAL STATUS 1 Never Married 2 Merrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT O	oF HISPANIC ORIGI n, Mexican, Puerto Specify:	N? (Specify Yea or No— Ricen, atc.)	Black,	- American Indian, White, stc. Black				
(Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION st grade completed) College (1-4 or 5+)	(Give kind of life. Do NOT us	USUAL OCCUPATION work done during most of working se retired.)	og	b. KIND OF BUSINESS/I		E				
11th 17. FATHER'S NAME (First, Middle, I	ast)	IDomest		HER'S NAME (First,	Private Middle, Maiden Sumame		У				
George Warr		19b. MAILING	ADDRESS (Street and Number	iola G		Zip Code)					
William H. Harris SK. Rt. 3 Box 29—Chestertown, Md. 21620											
1 X Burlel 2 Cremetion 3 4 Donation 5 Other (Speci	Removal from Stata	of cemetary, crematory  anes Ce	or other place)	6/26	/91 Ches	terto	own, Md				
21. SIGNATURE OF FUNERAL SER	a. Pertins		James A. P.O. Box	ss of facility. Perki	ns Funer	al Se	rvice				
23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  BUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	<del>f)</del> :								
PART II. Other significent co	nditions contributing to deeth	but not resulting	In the underlying ceuse (	given in Part i.	24e. WAS AN AUTOPS PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 _ YES 2 _ NO				
25. WAS CASE REFERRED TO MED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/O	utnetlant 2V DOS	28. PLACE OF D OTHER: 4  Nursing Home 5 R	EATH (Check only o							
Transfer 5 Parion	28e. DATE OF INJUR		ESCRIBE HOW INJURY	OCCURED							
	not be building, etc. (S	RY — At home, farm, pecify)	street, factory, office	28f, LO	CATION (Street and Num	ber or Rural Ro	oute Number,				
(one on one)	G PHYSICIAN: To the best of my kn						and menner ee stated.				
30. NAME AND ADDRESS OF PER	Soll- ()	nd		ense number O.C.M.E.	29d. 0		Month, Day, Year) )—1991				

111 PENN STREET BALTIMORE, MARYLAND 21201

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NG	eath	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely film in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	second amount of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
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	1. DECEDENT'S NAME (First, Middle, Last)			0		2. DATE OF DE	ATH DAY	3. TIME OF DEATH			
- 8	JOHN C	hartes		andi		7	2	91 1045 AM			
- 1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIR (Month, Day,	fear)	BIRTHPLACE (State or Foreign Country)			
	213-22-8684  9a. FACILITY NAME (If not institution, give	11	) / Ths.	OP CLLA LUMM	OR LOCATION OF DE		July 4,1904 Hope, Mar				
N N	Weslevan Retirem	Control of the Control		ALC: UNITED IN	n, Maryl		Allo Cities Comments				
5	RESIDENCE OF DECEDENT	TY	10c. CIT	Y, TOWN OR LOCA			10d. INSIDE CITY				
DIRECTOR	Maryland	Kent			1, Maryl		LIMITS?				
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?			
E	Post Office Box	185			21623		U	SA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF ORCES? 1 YES	2 100	it yes, sp	ecity Cuban, Maxica 2 NO Specifi		14. RACE — American Indian, Black, White, atc. Specify: Black				
COMPLETED	15, DECEDENT'S ED (Specify only highest grad		16e. DECEDENT'S	USUAL OCCUPATI	ON and of weeking	16b. KINO	OF BUSINESS/INC	DUSTRY			
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	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, i					
BE	Elleck Handy  19a. INFORMANT'S NAME (Type/Print)		10h MAH INC	ADDRESS (Charact	EIIZac	eth Han	_	- 0-41			
9	Monica Y. Handy				Church H			p Code)			
	20. METHOD OF DISPOSITION	20	b. PLACE OF DISPO					City or Town, State			
	7 Buriel 2 Cremetion 3 Rei	noval from State	other place) Horpe	Cemeter	·y		Hope,	Maryland			
	21. SIGNATURE OF FUNERIAL SERVICE L	ICENSEE		22, NAME A	ND ADDRESS OF FA	CILITY					
	1			La	lock	Md					
		complications that cause List only one cause on a	nd the death. Do n	not enter the me	oda of dying, suc	ch as cardled or	r reapiratory ar	Approximeta Interval Between Onset and Death			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Puer	A CONSEQUENCE O	<u>a</u>							
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	ntielly list conditions, leading to immediate Enter UNDERLYING  Due to (or as a consequence of):									
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
CALC	PART II. Other significant condition				g csuse given in	Part I. 24e. \	MAS AN AUTOPSY				
	Organic	brain	Syw LY	OMO			YES 3 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MED	Type II	Diabete	ds M	ellit	US	-		1 TYES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (Ch	heck only one)					
YSI	1 TYES 2 NO	1   Inpatient 2   ER/Out	tpatient 3 DOA	-	ne 5 🗆 Realdenca	6 - Other (Spec	Hy)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. OATE OF INJURY (Month, Day, Year)	26b, TIN	JURY W	URY AT DRK? YES 2 NO	28d, DESCRIBE	HOW INJURY OC	CCURED			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, scify)	street, factory, offi	:	28f. LOCATION City or Town	(Street and Number, State)	er or Rural Route Number,			
COMPLETED	onel	SICIAN: To the best of my known						sted. the cause(a) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC	Ken	1	7	29c. LICENSE NU	MBER 3/37	29d. DAT	TE SIGNED (Month, Day, Year) 7-2-9(			
-	James 5	HO COMPLETED CAUSE OF D	10	Box	496	Dei	stow	MD 21629			
	31. DATE FILED (Month, Dey. Year)	Julia Davido	NATURE NOV-Pandell	•							
		-						OHMH-16 Rev 1/8			

3. TIME OF DEATH

t. OECEOENT'S NAME (First, Middle, Last)

REG. NO

to the retained by the hospital or attending physician.	mage 5 should be detached for use as the burial-transit permit. Pages 1, 2,	ust be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24% outs after down the pretained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the completely filled in by the complete by the state of the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit. Pages the build-transit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit p	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2. DATE OF DEATH MONTH 7 1997 Etta Mae Handy 5:01Am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State, or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 214-28-1+47 6M 1 - M 2 XF -10-%c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Kent & Queen Anne's Co. Hopital Inc. Chestertown DIRECTOR RESIDENCE OF DECEDENT ton. STATE 10b. COUNTY 10c. CITY, TOWNIOR LOCATION 10d. INSIDE CITY till QUEEN URC 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 14. RACE - American Indian, Black, White, atc. t Never Married 2 Married ВУ 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NQT use retired,) 15. DECEDENT'S EDUCATION 165 KING OF BUSINESS INGUISTRY condary (0-12) College (1-4 or 5 +) OR E 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surna RU BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. HEN HHillAc 0 El METHOD OF DISPOSITION
Burlel 2 Cremation 3 Res 20b. PLACE OF DISPOSITION (Name of ce other place) 20c. LOCATION — Cify or Town, State : lk md EM 4 ☐ Donation 5 ☐ Other (Specify) Or 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GR 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between ehock, or heart feilure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition\_ CONSEQUENCE OF: resulting in deeth) Teris cleratic Ity my ference le DUE TO (OR AS A CONSEQUENCE OF): ARTENIS CLERATIC Cardie vos arlas Assenso PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. if any, leading to immediate pperraue CVA cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Homa 5 | Realdence 6 | Other (Specify) 1 YES 2 NO tient 2 - ER/Outpetlant 3 - DOA 27. MANNER OF GEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO ВУ Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stetad. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MID 7/6/91 023889 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHester Lown Mall med 2/620 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	rYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the affending-properties and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should
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	1. DECEDENT'S NAME (First, Middle, Last	" HAINE			ICATE				2. DATE OF MONTH	DEATH D		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BIRTH	7.	BIRTHPL	ACE (State or Foreign
	185-26-6720	1 🔀 M 2 🗌 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	09-1	0-35	. 1	Penn	sylvani
_	9a. FACILITY NAME (If not institution, give					TOWN OF		ON OF DE	ATH		9c. COUNT		
<b>E</b>	Anne Arundel	Medical	Cente	r	Ann	apol	Lis				Anne	Aru	ndel
DIRECTOR	100 STATE 10b. COUN	e Arunde	∍1		ry, town o		ON						d. INSIDE CITY LIMITS?
FUNERAL I	100. STREET AND NUMBER 409 Fairlea D	rive			-		ZIP COD				USA		T COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2X				city Cube		VIC ORIGIN? ( in, Puerto Ric y:		or No— 14	4. RACE — Black, V Specify:	American Indian, white, etc.  White
COMPLETED	15. DECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed)  College (1-4 or 5	+)	DECEDENT'S (Give kind of life. Do NOT u	work done ( se retired.)	luring most	N of worki	ng			siness/indus		
TO BE	19. INFORMANT'S NAME (Type/Driet)											21037	
	20a. METHOD OF DISPOSITION  1												
	21. SIGNATURE OF PUNERAL SERVICE	1 Hay	Nest		22. H	arde	ADDRE	y Fı	ınera	l Ho	me, I	P.A.	
	23. PART I. Enter the diseases, o shock, or heart fellun IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Liet only one cer	at caused the uee on each I	c a	rrh	y in	of dy	ing, auc	h ae cardle	c or resp	Iratory srre	st,	Approximate Interval Betwee Onset and Dec
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ERTIF	that initieted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  MAY LEED O DECTY  J. J. J. J. J. J. J. J. J. J. J. J. J. J										Yrs		
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PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE Of (Month, i		28b. Ti		28c. INJU WOF	RY AT		8 Other (	-	INJURY OCCU	JRED	
red BY	2 Accident Investigatio 3 Suicide 8 Could not 2 4 Homicide determined	28a. PLACE (	OF INJURY A	t home, farm,	atreet, fac					ION (Street Town, State	and Number o	r Aural Aou	te Number,
COMPLET		YSICIAN: To the best o											nd menner as stated
	296. SIGNATURE AND TITLE OF CERTIF			0		, ,		ENSE NU					fonth, Day, Year)
O BE	mo harts	want Hon	GAX	an S	Mit	11		170	16.5		19	120	191

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Las	DUNRO	EDWARD	HALL		2. DATE OF DEATH	DAY 2	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	2 1 × M 2 □ F	(In yrs. lest birthday)	F UNDER 1 YE MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country) MARYLAND					
TOR	9a. FACILITY NAME (If not institution, give the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the parties of the par	lospital			TIMORE	EATH	9c. COUNT	Y OF DEATH					
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à	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR W . W . I I	3 2 NO	If ye	oecenoent of Hispa s, specify Cuben, Mexic YES 2 NO Speci			I. BACE — American Indian, Black White, etc. Specify: LACK					
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BE COMP	17. FATHER'S NAME (First, Middle, Last)  RUDOLPH HALL  19a. INFORMANT'S NAME (Type/Print)		485 4444 48	ADDDED (0)	EMMA	AME (First, Middle, Maide MITCHELI Route Number, City or Te							
2	YVONNE HALL B			ALEXA	NDER AVE	E. BALTIM	ORE,	MD. 21228					
٠	20b. PLACE AND OATE OF DISPOSITION (Name 7 - 2 4 0 2 5 1) 20c. LOCATION - City or Town, Stetle 10 10 10 10 10 10 10 10 10 10 10 10 10												
MION	23. PART I. Enter the disease, a shock, or heart failur immediate CAUSE (Finel disease or condition resulting in deeth)  Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	s. DUE TO (OR AS	A CONSEQUENCE	Drest Drest	. sec t		piretory srret	t, Approximate Interval Betwee Onset and Des					
CERTIFICATION	CAUSE (Disease or Injury thet Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	) in: }	ip CVD	4,20.							
MEDICAL	PART II. Other significant condit	ions contributing to deeth	but not resulting	In the under	iying cause given in		ORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	Home 5 Rasidence								
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR' (Month, Day, Year		ME OF 284	c. INJURY AT WORK?	28d. DESCRIBE HOW	/ INJURY OCCU	RED					
ETED I	3 Suicide 6 Could not determined		RY — At home, farm, pecify)	street, factory,	offica	281. LOCATION (Stree City or Town, Sta		r Rural Route Number,					
COMPLE	one)	YSICIAN: To the best of my known in the best of axeminates.						l. cause(a) and manner as stated.					
BE	296 SIGNATURE AND TITLE OF CERTI	sogos mo		ď.	29c. LICENSE NU	JMBER	29d. DATE	SIGNEO (Month, Day, Year)					
ОТ	30-NAME AND ADDRESS OF PERSON  31. DATE FLED (Month, Day, Year)  JUL12 4 1391	WHO OMPLETED CAUSE OF		e, Print)									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MANAGE WE WANTED THE RESERVEN

the detached for use as the burial-transit permit. Pages 1, 2, 3 should ed by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 in the law requires that the standard of the attending physician and completely filled in by the funeral director. The detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MARYLAND 21215-0020

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

Mary

Louise

Jeffers

Maryland / Department of Health and Mental Hygiene Reg. No.

2. Date of Death Monthly DAY
JULY 9

	1. DECEDENT'S NAME (First, Mary		Louise		Jeff	ers			JUI	OF DEATH	<b>*</b> 19	91	3. TIME OF DEATH $10:10 \text{ AM}$
	4. SOCIAL SECURITY NUMB 248-48-5736	5	1 □ M 2 🔀 F	. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month Se)	of BIRTH h, Day, Year) pt.1,1		B. BIRTHP Country)	LACE (State or Foreign uth Caroli
TOR	Memorial	Hosp		East	on	9b. CITY		ton	EATH			1bot	
DIRECTOR	10a. STATE  Md	10b. COUNT	Y Kent		10c. Cl7	Y, TOWN							10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	Route 1,	Box 2	62A				101	21657			97	.S.A	AT COUNTRY?
PY	11. MARITAL STATUS  1 Never Merried 2 2 3 Widowed 4 Divo		12. WAS DECEDENT 8 FORCES? 1  IF YES, GIVE WAR	YES 2	. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.)  1 ☐ YES 2 ☒ NO Specify:						s or No—	14. RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED				4		USUAL O work done se retired.)	during mo	DN st of working	161	Home			CK
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2	Thomas E.	Jeffe	ers		Rout	te 1,	Воз	Number or Rural	Mi11:	ington	, Md.	216	
	20e. METHOD OF DISPOSIT  1 Burlet 2 Crematic  4 Donetion 5 Other	on 3 Rem		of comoto	e and dat ry, cremator Wes.	Ley (	clace) Ceme	ery	7/1	3/91			
	21. SIGNATURE OF FUNERA	es a		<b>S</b>		3	fames	of Address of F S A. Per Box 143,	kins				
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ilona, dilete iNG	b. euto	R AS A CONS	EOUENCE C	and a		Letht	al.	9			Onset and Death
MEDICAL C	PART II. Other algorifice	ent condition	na contributing to d	eeth but not	resulting	In the u	nderlyin	g cause given li	Part I.	24a. WAS AP PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		• [] • • •	OTHE	R:	ACE OF DEATH (C		-			
BY PHYS	1 Netural S Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO								1	SCRIBE HOW	INJURY OCC	CURED	
3	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF building, et	INJURY — At I.c. (Specify)	home, farm,	street, fec	tory, offic	•		CATION (Street or Town, State		or Rural Ro	oute Number,
COMPLET	00001 0071 21		BICIAN: To the best of m										end manner as stated.
TO BE	29b. SKONATURE AND TITLE 30. NAME AND ADDRESS O	er (	hal	OF DESTRUCT	EN en G	a Paint		DO/		0			(Morth, Day, Year)
	James	Gicsi	Kem D		-m erj (nyp	50	5.Z	utc.ha	nan	360	NC	Eas	191 for md
	31. DATE FILED Month, Pay,	91	32. REGISTRAR	Davidson	-Rand	W.							

BALTIMORE, MARTA AND 21215-0020	nours after death. Page 6 may be retrieved by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 around the datached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be nowest of once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be executed. The law requires that the death certificate be executed within 24 nous after death. Page 6 may be executed. The law requires that the death certificate is a second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burdal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nowed once

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT DF H	IEALTH AND !		GIENE G. NO.			
1. OECEDENT'S NAME (First, Midde CANCIE L	ouise Johns	uise Johnson				2. DATE OF DEATH DAY YEAR 3. TIME OF DEA		3. TIME OF DEATH A	
4. SOCIAL SECURITY NUMBER 218–20–6371	1 □ M 2 🙀 F	(In yrs. leet birthday) _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, W. May 9,	(bar)	8. BIRTHI Country	PLACE (State or Foreign V) MD	
	90. FACILITY NAME (If not institution, give street and number)  Harford Memorial Hospital RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATN Harve de Grace			9c. COUNTY OF DEATN Harford		
10a. STATE 10b.	IOa. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION Harve de Grace			10d. INSIDE CITY LIMITS? 1 VES 2 \( \text{NO} \) NO			
10e. STREET AND NUMBER	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WHAT COUNT		
11. MARITAL STATUS	1 Never Merried 2 Merried FORCES? 1 YES 2 N		21078  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specifif yea, apacity Cuben, Mexican, Puerto Rican, et 1  YES  NO Specify:				VSA Yee or No— 14. RACE — American Indian, Black, White, atc. Specify: Black		
	(Specify only highest grade completed) (GI Elementary/Secondary (0-12) College (1-4 or 5 +)			ilve kind of work done during most of working b. Do NOT use retired.)			KIND OF BUSINESS/INDUSTRY  Housecleaning		
17. FATHER'S NAME (First, Middle, George Brow	Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surneme)  Julia Frisby								
James Rolan				end Number or Rurel I Mill Lai				.046	
20a. METNOD OF DISPOSITION  1 X Burlel 2 Cremetion 3  4 Donation 5 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contro	Removal from State of order	b. PLACE AND DATE cometary, crematory Janes Ce	metery	10.	6/27	chester			
21. SIGNATURE OF FUNERAL SEI	B Fellows	•		ws Funera Box 270	al Home	noton. N	/D 2	21651	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF	cff	Coulin	Moees	dian	rlu	Interval Between	
PART II. Other algnificant c	conditions contributing to death b	out not resulting i	In the underlyir	ig cause given in	Р	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpution 2   ER/Out;	contlent 3 DOA	OTHER:	PLACE OF DEATN (Ch		ethe)		0.0	
27. MANNER OF DEATH  1 Natural 8 Pend 2 Accident Inves	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	IE OF 28c, IN	JURY AT ORK? YES 2 NO	28d, DESCRIBE NOW INJURY OCCURED				
2 Accident investigation 3 Suicide 8 Could not be determined 4 Hornicide determined 28e. PLACE OF INJURY — At hombuilding, etc. (Specify)			street, factory, offi	CO	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
(Orack Oray	NG PHYSICIAN: To the best of my know.  EXAMINER: On the best of examination.  CERTIFIER				e time, date end pl	lace, end due to th		///	
J-11/4	S S REGISTRARYS BIGH	EATH STEM 27) (YOU WOULD	Print)	no Har	dre de	e Gn	200	7	
JUL 03	91 Julia Da	ridson-Rand	100						

**ARYLAND 21215-0020** 

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PATHERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	ALL AN				2. DATE OF DEATH OMONTH 20 DAY 1991 YEAR				
тов	4. SOCIAL SECURITY NUMBER 079-64-7690	1 X M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HR NTHS DAYS HOURS MIN	46.4	1967 6. BIF	ITHPLACE (State or Foreign unity) Italy			
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
DIRECTOR	Md. 10b. COUNT	own or location 1 Burnie		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO						
COMPLETED BY FUNERAL	7882 Tall Pines Ct. Apt.H			101. ZIP CODE 21061		10g. CITIZEN OF WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NIS It yes, specify Cuben, Mer 1 YES 2 X NO Sp	rican, Puerto Ricen, atc.)	fee or No— 14. RACE — American Indian, Black, White, stc. Specify: White				
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	AL OCCUPATION done during most of working led.)  16b. KIND OF BUSINESS/INDUSTRY								
ĕ O	17. FATHER'S NAME (First, Middle, Last)		AdiiTTTTSCT	tive Assistant Temporary Services  18. MOTNER'S NAME (First, Middle, Maiden Sumame)						
BE C	Robert Allan Je	Ma	Maria E. Spasiano							
2	19a. INFORMANT'S NAME (Type/Print)  Maria E. Spasiar	ORESS (Street end Number or Rui	S (Street end Number or Rural Route Number, City or Town, State, Zip Code)							
	29a.METHOD OF DISPOSITION 14 Burlel 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	20h.	PLACE AND DATE OF D	Pines Ct.  SPOSITION (Name of pines)  Cannolla	DATE 20c. L	OCATION - City or	e <u>. Md. 21061</u> <sub>Town, State</sub> i Bacoli Ital			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Stallings Funeral Home PA  3111 Mountain Rd. Pasadena, Md									
CERTIFICATION	shock, or heert failure. List only one pause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CEI	PART II. Other significent condition	s contributing to death bu	it not resulting in th	e underlying ceuse given	In Part I. 24a. WAS AI PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)									
IXSI	MOSPITAL: 1   Input lent 2   ER/Outpetlent 3   DOA   4   Nursing Home 5   Residence & Other (Specify)   PUBLIC HIGHWAY									
	27. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 VES 2/1/2 NO	28d. DESCRIBE HOW					
TED BY	3 Suicide 6 Could not be determined determined City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28t. LOCATION (Street and Number or Rural Route Nur City or Town, State)									
COMPLETED	9e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.									
BEC	200. DIGNATURE AND TITLE DE CERTIFIER	1/ 40			29c. LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	1620			ME	07 20 1991				
	hmyparp s.	wor			REET BALTI	MORE, MAR	YI AND 21201			
	JUL 23 199	32 REGISTRAR'S SIGNAT	Abroless							

and the second

ed by the hospital or attending physician.

Multiple detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page was a carried by the care of the second of the competity filled in by the funeral director. From the detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HYLAND 21203-3146

	FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	. Jennings			2. DATE OF DEATH MONTH DAY	YEAR 1991	3. TIME OF OEATH  G: WARM M	
		S. SEX 6. AGE (In first. less	I birthday) IF UNDER YRS. MONTHS	t YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give stree	01		TOWN OR LOCATION OF DI	K 2 -/9-/9	9c. COUNTY OF DI	EATH /	
DIRECTOR	Deaten Hospital a	nd Bediral Con	ter GII	Charles	Street	Baltimo	re City	
DIRE		Arundel	Baltim				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
NA	100. STREET AND NUMBER			10f. ZIP CODE	8	10g. CITIZEN OF W		
BY FUNERAL		Never Married 2 Married FORCES? 1 YES 2 NO If yes, apecify Cuban, Mexican, Puerto Rican, etc.)  IF YES, GIVE WAR OR DATES.						
COMPLETED E	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted) (Gi	CEDENT'S USUAL OC tive kind of work done of Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUSIN		nany -	
MP	Grade - 12		man - Gl	ass Company	Retail S	Sales	puny	
	17. FATHER'S NAME (First, Middle, Last)  Colonel D.	Jennings		Elzina	ME (First, Middle, Malden Su	mame) Lewis		
TO BE	19a. INFORMANT'S NAME (Type/Print)	19/	b. MAILING ADDRESS	(Street and Number or Rural	Route Number, City or Town,	State, Zip Code)		
-	Mrs. Janice Hunt	20b. PLACE		Road, Seven		nd 2114		
	1 XBuriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	ni from State other pl	ece) 1 Haven M	em. Park 0		n Burnie	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	1 2 2 3	name and address of fa irkley Fune:				
_	23. PART I. Enter the diseases, or cor	your Trekn	4	21 Crain Hwy	7. S.E., G16			
	ahock, or heert feliura. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	Baleval Se	o.	the mode of dying, auc	or as certial or respira	tory arrest,	Approximete Intervel Between Onset and Death	
	Tooling in doday	Pressure Ser						
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE						
<u>\</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	Malnufri for	OUENCE OF:					
CERTIFICATION	that initiated events resulting in death) LAST	Alchemens	Dis cose					
CALC	PART II. Other significant conditions Chronic Lenal C	10.		nderlying cause given in	Part i. 24a. WAS AN AI PERFORM		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC	Cynynic Sunt C	mountaing			1 TYES 2	a no	OF DEATH?	
AN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	hack only one)			
SICI	EXAMINER?	HOSPITAL:	OTHEI					
ВУ РНУ	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJ	IURY OCCURED		
	3 Suicide 8 Could not be 4 Hornicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	lory, office	28f. LOCATION (Street and City or Town, State)	N (Street and Number or Rural Route Number, wn, State)		
COMPLETED	one)	AN: To the best of my knowledge, do On the basis of examination and/or					a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	i las.		29c. LICENSE NU D/983	MBER 58	29d, DATE SIGNED	(Month, Day, Year)	
	30-MAME AND ADDITIONS OF PERSON WHO  GEOVER IBLEY  31. DATE FILED Month, Day, Your)	COMPLETED CAUSE OF DEATH (ITE		St. Bulton	now, Ild.	2/23	0	
	JUL 26 1991 de							

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II 2

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

-	TIEGIOTI VIII				0011111	10/11				110	-0. 110.			
	1. DECEDENT'S NAME (First Ge		Matild:	a	KELLE	3				2. DATE OF D MONTH July	2. DATE OF DEATH MONTH JULY 24, 1991 YEAR			6:20 AM M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDE		IF UNDER		7. DATE OF B	IRTH			LACE (State or Foreign
	214-10-1120	б	1 🗆 M 2 🖄 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	April	4, 1	1916	Mar Mar	y 1 and
	9e, FACILITY NAME (If not in	natitution, give s	street end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH		
	Frederick		th Care C	enter		Frederick				1	Frederick			
F	RESIDENCE OF DEC	10b. COUNT	·		100 CE	IOC. CITY, TOWN OR LOCATION					Τ.	IOd. INSIDE CITY		
	Maryland	1110/ - 111	derick		100. 01	Frederick					IMITS?			LIMITS? MX YES 2 NO
	100. STREET AND NUMBER 501 P1		t Plaza	Apt. 2	25	101, ZIP CODE 21701				701	1 U.S.A.			
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Nidowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				ARMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- if yea, specify Cuban, Mexican, Puerto Ricen, etc.)  1  YES 2 NO Specify:					or No—	- 14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade complated) (Give kind life. Do NO 110 (110 December 110				(Give kind of life. Do NOT L	work done were retired.)	during me	ost of worki	ing	16b, KINI	of Busin		ISTRY	
	17. FATHER'S NAME (First, A	Middle Last)						18. MOT	HER'S NA	ME (First, Middle				
- 10	Howard S.		flower. S	ir.						lie Sun				
1	19a. INFORMANT'S NAME (				19b. MAILIN	G ADDRES	S (Street	and Numbe		Route Number, C			Code)	
2	Mrs. Franc		ing							erick,				12
ŀ	20a, METHOD OF DISPOSIT			20b. PL/	ACE AND DAT	E OF DISI	POSITION			DATE		ATION - C		
	1 Donation 5 ☐ Othe		noval from State	of ceme	tary, cremator	y or other	place)	erv	Ju	ly 26.	991	Frede	erick	. Maryland
	21. SIGNATURE OF FUNERAL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND ALL PROPERTY AND AL	AL SERVICE LI	CENSEE JA	. 1	M0025	22 Ke	NAME A	y an	d Ba	sford I	.A.	Fune:	ral 1	
	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentielly liet condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	itions, ediate /ING	b. DUE TO	O (OR AS A CON	NSEOUENCE (	OF):		- u						Onset and Deeth
3			-						7-53				_	1
. mcDioac	PART II. Other algorific	Lut-	Mell		ot resulting	in the u	inderlylr	ng ceuse	given in		NAS AN A PERFORM YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1 NO
	25. WAS CASE REFERRED	TO MEDICAL	T				26. F	LACE OF	DEATH (C/	heck only one)				
2	EXAMINER?		HOSPITAL:	☐ ER/Outpatier	nt 3 🗆 DOA	OTHE	B:			8 Other (Sp	necify)			
Thisiolan.	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TI	ME OF	28c. IN	JURY AT	.serverice	28d. DESCRII		JURY OCC	URED	
		Pending Investigation		Day, Year)	"	M M		ORK? YES 2	□ NO					
	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — / I, etc. (Specify)	At home, farm	, street, fa	ctory, offi	ce		26f. LOCATIO City or To	N (Street er wn, State)	nd Number	or Rural Ro	oute Number,
OMPLEIED	CONDUM OTHY		SICIAN: To the best of											end manner as stated.
)	29b. SIGNATURE AND TITJ	E OF CERTIFIE	ER,					29c. LI	CENSE NU	IMBER		29d. DATE	SIGNED	(Month, Day, Year)
6	(	time	12/1/2	-11-	- 1							•	7/2	4/41
2	30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	USE OF DEATH	(ITSM 27) (Ty)	oe, Print)							-	111/
			. Pearre	, Jr.,	MD 3	00 W	est	Nint	h St	reet,	Frede	erick	, Md	. 21701
	31. DATE FILED MONTO	Ya Your) Sul	32. REGISTE	Market Mar	PE									V-7

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ELCATION I	TO BE COMBIETED BY EINEDA! DIDECTOR

1. DECEDENT'S NAME (First, Middle, Last)			ICATE O		MENTAL HYGIEN	E .			
Viola Mary		ier			2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE		3. TIME OF DEATH Approxmi. 7:20 P.		
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8, BIRT	HPLACE (State or Foreign		
171-03-9302	1 M 2 F	78 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-2-1912	Per	nna.		
Se. FACILITY NAME (If not institution, give s	street end number)		9b. CITY, TOW	OR LOCATION OF DE		DEATH			
6892 Crabapple (					derick Frederick				
6892 Crabapple ( RESIDENCE OF DECEDENT  100. STATE  Maryland  Maryland	TY .	10c. CIT	Y, TOWN OR LOC	ATION			10d, INSIDE CITY		
No. 1 and E	Frederick		rederic				LIMITS?  1 X YES 2 NO		
Maryland F	rederick	F		IOF, ZIP CODE		WHAT COUNTRY?			
6892 Crabapple	Crabapple Court			21701		U. S			
1 Never Merried 2 Merried  SCXWidowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 ☑ IF YES GIVE WAR OR DATES			specify Cuben, Mexice ES 製製 NO Specify		Spe	CE — American Indian, ck, White, etc. city: ite		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, Last)	18e. DECEDENT'S	USUAL OCCUPA	LION	16b. KIND OF BUS					
(Specify only highest grade Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	work done during se retired.)	nust or working						
12	College (1-4 or 5+)	Secretary Fe				l Govern	ment		
17. FATHER'S NAME (First, Middle, Last)		, occitet	1	16. MOTHER'S NA	ME (First, Middle, Malden		merre		
					Gerhart	,			
190, INFORMANT'S NAME (Type/Print)	Titus M. Yeakel				Aoute Number, City or Town	- Chair Tin Cadal			
						20701			
Carl Yeakel					, Frederica		20701		
20e, METHOD OF DISPOSITION 1 ☐ Burtal 2 ☐ Cremation 3 ☐ Plent		20b. PLACE ANO OAT of cemetary, cremator			OATE 20c. LOCATION - City or Town, State 7/29 Macungie, Penna.				
4 Donation 5 Other (Specify)		of cemetary, cremator Solomon				cungie,	renna.		
21. SIGNATURE OF PUNERAL SERVICE LICENSEE  Christ Cem. 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home 1621 Opossumtown Pike, Frederick, Md.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,									
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
resulting in death) LAST	that initiated events								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	ons contributing to death	but not resulting	In the underly	ing csuse given in					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH	TOLD MENU.				PERFOF		III. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO		
	TOTAL MEVEL		24	PLACE OF DEATH (C)	1 _ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)	1   YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 DINO  27. MANNER OF DEATH		tutpationt 3 DOA	OTHER: 4 Nursing H	PLACE OF DEATH (C/ ome 5,2 Residence NJURY AT WORK?	1   YES 2	⊉ <del>i</del> NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpatient 2   ER/O  28e. DATE OF INJUR (Month, Day, Yea	rutpatient 3 DOA IY 286. Til IN	OTHER: 4 Nursing H WE OF 28c, JURY M 1	ome 5 Residence NJURY AT WORK? YES 2 NO	1   YES 2  neck only one)  8   Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION DE CAUSE DE DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident 8 Could not be detarmined	HOSPITAL: 1   inpetient 2   ER/O 28e. DATE OF INJUR (Month, Day, Yea	rutpatient 3 DOA IY 286. Til IN	OTHER: 4 Nursing H WE OF 28c, JURY M 1	ome 5 Residence NJURY AT WORK? YES 2 NO	1   YES 2	NJURY OCCURED	AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only)	HOSPITAL:  1   Inpatient 2   ER/O  28e. DATE OF INJUR (Month, Day, Yea	untpatient 3 DOA  17 28b. Til 17 28b. Til 18 28p. At home, farm,	OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	Ome 5, Residence NJURY AT WORK? YES 2 NO Hitce	1 VES 2  neck only one)  8 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)	NJURY OCCURED and Number or Rura	AMALABLE PRIOR TO COMPLETION DE CAUSE DE DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   inpatient 2   ER/O 28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, atc. (S) SICIAN: To the best of my kn	putpatient 3 DOA  TY 28b. Til  Pri 19 Pri At home, farm, pec/ly)  bowledge, death occur  ation end/or investiget	OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	Ome 5, Residence NJURY AT WORK? YES 2 NO Hitce	1 VES 2  neck only one)  8 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street. City or Town, State)  9 to the cause(e) and mean time, date and place, en	INJURY OCCURED and Number or Rura	AMALABLE PRIOR TO COMPLETION DE CAUSE DE DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Impatient 2   ER/O    28e. DATE OF INJUR   (Month, Day, Yea    28e. PLACE OF INJUR   28e. PLACE OF INJUR   building, atc. (S    SICIAN: To the best of my kn   VER: On the best of examina	DOA TY 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till IN 28b. Till Till IN 28b. Till IN 28b. Till Till IN 28b. Till Till IN 28b. Till Till Till Till Till Till Till Til	OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, of	ome 5 Residence NJURY AT WORK? YES 2 NO filee ate end place, and due t, death occured at the	1 VES 2  neck only one)  8 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street. City or Town, State)  9 to the cause(e) and mean time, date and place, en	INJURY OCCURED and Number or Rura	AMALABLE PRIOR TO COMPLETION DE CAUSE DE DEATH?  1 YES 2 NO  I Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF SET FIE	HOSPITAL:    Impatient 2   ER/O    28e. DATE OF INJUR   (Month, Day, Yea    28e. PLACE OF INJUR   28e. PLACE OF INJUR   building, atc. (S    SICIAN: To the best of my kn   VER: On the best of examina	unipatient 3 DOA  NY 28b. Til N  NNY At home, farm, specify)  NOWledge, death occur sition end/or investiget  OEATH (ITEM 27) (Typ)	OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, of	ome 5 Residence NJURY AT WORK? YES 2 NO filee ate end place, and due t, death occured at the	1 VES 2  neck only one)  8 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street. City or Town, State)  9 to the cause(e) and mean time, date and place, en	INJURY OCCURED and Number or Rura	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 VES 2 NO  I Route Number,		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

me nospital of attending physician.	to 5 common intached for use as the burial-transit permit. Pages 1, 2, 3 shoul		be abreer at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page o may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages as a the burial-transit permit. Pages 1, 2, 3	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be 🦚	

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last	" COUCUIT DU			OF DEATH	REG. NO.  2. DATE OF CEATH MONTH DA		year 3. TIME OF DEATH
WILLIAM E	KARSAY	(In yrs. last birthday)			7 23	)	91 2236
155-01-8105		(in yrs. last birthday) 75 YRS.	MONTHS I	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	010	8. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give		5	9b CITY T	TOWN OR LOCATION OF DI	July 18,1		New Jersey
Washington Count				agerstown			shington
10a. STATE 10b. COUN	hington		Y, TOWN OR	LOCATION Sville			10d. INSIDE CITY LIMITS? 27 YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE		10g. CI1	FIZEN OF WHAT COUNTRY?
237 Sunrise Driv	ve			21767			USA
11. MARITAL STATUS 1 Never Married 2. Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 07 YES IF YES, GIVE WAR OR I	2 NO	11 1	AS DECENOENT OF HISPAI yes, specify Cuban, Mexica YES 2 700 Specif	in, Puarto Rican, etc.)	or No-	14. RACE — American Indien, Black, White, etc. Specify: Unite
15. DECEDENT'S ED (Specify only highest grade (Specify only highest grade) (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done du se retired.)	CUPATION ring most of working	166. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Last)	U	engu	neer	18. MOTHER'S NA	ME (First, Middle, Meiden		•
Steven Karsay					beth Koczo		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (	Street and Number or Rural	Route Number, City or Town	n, State, Zi	ip Code)
Edith D. Karsay		237	Sunri	se Dr., Mau	gansville,	Md.	21767
20a. METNOD OF DISPOSITION 1	moval from Stata	ob. PLACE AND DATE Rest Hav	E OF DISPOS	SITION (Name			- City or Town, State
		nest hav				erst	own, Maryland
21. SIGNATURE OF FUNERAL SERVICE I	Homin	med	22. N/ MII 41:	ame and address of fa NNICH FUNER 5 E. Wilson	AL HOME Blvd., Ha	gers	town, Md. 2 <b>1</b> 740
23. PART i. Enter the diseases, of	Homin	ed the death. Do	22. NA MII 41:	AME AND ADDRESS OF FA NNICH FUNER 5 E. Wilson he mode of dying, suc	AL HOME Blvd., Ha	gers	town, Md. 21740 rreat, Approximata interval Between
23. PART I. Enter the diseases, of shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	complications that cause of the complications at the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the caus	ed the death. Do	22. NO MII 41: not enter the	ame and address of fa NNICH FUNER 5 E. Wilson	AL HOME Blvd., Ha	gers	town, Md. 21740 rreat, Approximata interval Between
23. PART I. Enter the diseases, of shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a	ed the death. Do asch line.  **Consequence of the consequence of the c	22. NUMIN 41. 41. 41. Corp.:	AME AND ADDRESS OF FA NNICH FUNER 5 E. Wilson he mode of dying, suc	AL HOME Blvd., Ha	gers	town, Md. 21740 rreat, Approximata interval Between
23. PART I. Enter the diseases, of shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	ed the death. Do asch line.  ACONSEQUENCE OF A CONSEQUENCE  22. MI MII 41. not enter the	AME AND ADDRESS OF FA NNICH FUNER 5 E. Wilson the mode of dying, such the mode of dying, such the much	AL HOME Blvd., Ha th as cardiac or respi	gers Fetory all  RSP  AUTOPSY MED?	town, Md. 21740  rreat, Approximata interval Betwee Onset and Dea Guel	
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DIVISION OF VITAL ALCOHOS, 1.0. DOX 13140,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEP/ CERT		OF HEALTH			IENE . NO.	91	213	66
	1. DECEDENT'S NAME (First, Middle, Last)	MARY	May KERR				MONTH July 15	DAY	YEAR	4:15 PM	м
	4. SOCIAL SECURITY NUMBER	5. SEXFEM 6	. AGE (In yrs. last birthde			24 HRS. 7	Month, Day, Ye	Н	8. BIRTHPI Country)	LACE (State or Fore	ign
	216 03 4986	1 □ M 2√√ F	84 YRS		DAYS HOURS		Peb 3,	1907		imore, M	ſd.
~	9a. FACILITY NAME (If not institution, give				TOWN OR LOCATI	ON OF DEAT	Н		INTY OF DE	ATH	
DIRECTOR	At Home RFD Eas	t Neck Isl	and	Roc	k Hall			1	Kent		_
REC	10a. STATE 10b. COUNT			RFD East Neck Island Rock				77 11	10d. INSIDE CITY		
	Maryland Ke			KFD La:			na kock			YES ZYN	Ю
RAI	100. STREET AND NUMBER	1 7 1 1 5		10f. ZIP CODE 2 1 6 6 1					10g. CITIZEN OF WHAT COUNTRY? USA		
FUNERAL	RFD East Nec	k Island R	EVER IN U.S. ARMED	ARMED 13 WAS DECEMBENT OF HISPANIC ORIGIN? (Specif					Yea or No.— 14. RACE — American Indian,		
	1 Never Married 2 Married	FORCES? 1 [	YES 2 NO	If	yes, specify Cubs  ☐ YES 2₹2€NO	in, Maxican, I	Puarto Rican, at	c.)	Black, Specify:	White, atc.	
D B√	3 Wildowed 4 Divorced	1					No			White	
	15. DECEDENT'S EDU (Specify only highest grad	le completed)	18a. DECEDEN (Give kind life, Do NO	T'S USUAL OC of work done di T use retired.)	CUPATION uring most of workli	ng	18b. KIND 0	F BUSINESS/IN	DUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)			B& O Rai		ı R	ailroa	d		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAME	(First, Middle, N	falden Surname)			
BEC	G	eorge F. M	lay		Lau	ıra Gr	cear				
2	19a. INFORMANT'S NAME (Type/Print)	/D . 1	1		(Street and Number					00220	
	Frederick J. M.		20b. PLACE OF DIS					e. LOCATION -		ey 08330	
	20a. METHOD OF DISPOSITION BU 1 □ Burlel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	novel from State	other place)							Md. 21	620
1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	. 00	22. N	AME ANO ADORE	SS OF FACIL	JITY	P.O. Bo	ov # 1	264	
	1 + (1) 1	·Olis L	velle	DJ.	Willis	Wells				21620	
	23. PART I have the diseases, or			o not antar	tha moda of dy	ing, such a	na cardiac or	reapiratory si	rrest,	Approximat	
1	immedia/F/CAUSE (Final	List only one cause	on auch lina.	1						Onset and	
	disease of condition resulting in death)	a. myoc		raret	200						
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o	Sequantially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE		act ou	weak	2				
8	cause. Entar UNDERLYING CAUSE (Disease or Injury	C+									
	that initisted events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE	E OF):							
CERTIFICATION		d								+	
SAL	PART II. Other algnificant condition	ns contributing to d	aath but not reaulti	ng in tha und	sariying cause	given in Pa	art i. 24a. W	AS AN AUTOPSY ERFORMED?		WERE AUTOPSY FIN	0
	diverticulil	S					_ 101	ES 2 NO		COMPLETION OF CA OF DEATH?	WSE
PHYSICIAN: MEDI					<u> </u>		-			1 TYES 2 NO	0
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF D	DEATH (Check	k only one)				-
SIC	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 1 1 1	ER/Outpatient 3 DO	OTHER	: Ing Home 5 🖼 R	asidence 8	Other (Specif	(y)			
PH	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		TIME OF INJURY	28c. INJURY AT WORK?	2	8d. DESCRIBE	HOW INJURY O	CCURED		
B	1 Natural 5 Pending 2 Accident Investigation	-		М	1 YES 2 [						_
<u> </u>	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, far ic. (Specify)	m, street, facto	ery, office	2	City or Town,	Street and Number State)	er or Rumai Ro	ute Number,	
	29a. CERTIFIER	SICIANI, To the best of a				V /			4.7		-
COMPLETED	(Check only	SICIAN: To the best of m IER: On the basis of axa								and manner as sta	nted.
	29b. SIGNATURE AND TITLE OF CERTIFIE		.10			ENSE NUMB				Month, Day, Year)	
8	m L		1		D-3	33514				5, 1991	
٩	30. NAME AND ADDRESS OF PERSON W		01			0144	20	· · · · · · · · · · · · · · · · · · ·			
		feld (D-33	211		own, Md.	2162	20				
25	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE Davidson-Rang	Less							
	1 JUL 1 / 4 1	1	22 1 1 1 1								

tal or attending ;	for use as the t	
od by the hospi	old be detached	ed at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Paging may be increased by the housing or attending a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral different page. And the distribution of the second of the page of the page of the page. Of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fter death. Pag-	the funeral directory.	ai examiner r
Ithin 24 hours a	fetely filled in by emation, or rem	nt, the medic
e be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi- the filed within 72 hours after death with the State Degl, of Health and Mental Hyglene prior to burial, cremation, or removal.	traumatic eve
death certificat	Nental Hygiene	ury, or other
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ICIAN: The law	certificate has b the State Dept.	, or item 23
TENDING PHYS	TOR: After this of	28 is marked
OSPITAL OR AT	UNERAL DIRECTION 2	ANT: If Item 2
THE H	to THE R	IMPORT

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Scott D. Friedman, M.D.

31. OATE FILEO (Month, Day, Year)

24 '91

JUL

gua Francis separate

(Marvel Court)

Easton, Md. 21617

permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR July 22 John Jeffries Krimmel 1991 9.11 5. SEXMale 7. DATE OF BIRTH (Month, Day, Year) April 17, 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 151 20 5924 1929 New Jersey 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Kent & Queen Anne's Hospital, Inc DIRECTOR Chestertown Kent 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Queen Anne RFD Chestertown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rte # 4 Box # 273 21620 USA 11. MARITAL STATUS Married

1 □ Never Married 2 △ Married 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No—
If yee, apecify Cuban, Maxican, Puerio Rican, etc.)

1 YES 2 NO Specify:
Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO F YES GIVE WAR OR DATES
YES Korean Conflict BY 3 Widowed 4 Divorced White 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEOENT'S EOUCATION 16b, KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) COMPLET Food Processing Elementary/Secondary (0-12) College (1-4 or 5+) Plant Manager (Campbell's Soup) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Erma Turner John Jeffries Krimmel (Sr.) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jean Krimmel Rte # 4 (Wife) Box # 273 Chestertown, Md. 21620 20s. METHOD OF DISPOSITION BURIAL MXBurial 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE New Locustwood Cemetery (7/25/91) Cherry Hill, . Jersey 21. SIGN OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 J. Willis Wells Chestertown, Md. 23. PART | Enter the disesses, or compilcations that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ock, or heart failure. List only one cause on each line. Interval Betwe MYDEARDIAR INFAREMON Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CORONAR YEARS CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 291. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examin ation end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER D23962 29d. DATE SIGNED (Month, Day, Year) BE Dett. a de on My

Colored Sections of heat

to may be retained by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

TMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-cours after death Page 6 arms or retained by the thost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the name direct page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAN	_	- OL		AIL	ח טבת		HEG. N	J		
1. DECEDENT'S NAME (First, Middle, Last)  OLIVER AAR(	)	ו קו עו	NTTA					DAY C'AD	YEAR I	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. les		F UNDER 1 YE	AB SELINDS	R 24 HRS.	7 DATE OF BIRTH			
368-28-4998	1 X M 2 - F	72		ONTHS DA		MIN.	(Month, Day, Year) MAR . 7, 1	919	NIC	HIGAN
9e. FACILITY NAME (If not institution, give a	treet and number)		9	b. CITY, TO	WN OR LOCAT	ION OF DE		_	JNTY OF D	EATH
695 AMERICANA	DR. AP	r.16		ANN	APOLI	S		ANN	E AF	RUNDEL
10e. STATE 10b. COUNT	Y		10c. CITY, 1	TOWN OR L	OCATION					10d. INSIDE CITY
MD. ANNE	ARUNDE	C.	A.	NNAP	oLIS					LIMITS?
10e. STREET AND NUMBER					101. ZIP CO					VHAT COUNTRY?
695 AMERICANA	DR. AP	r. 16			214	03		U	.S.A	4.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEOEI FORCES? IF YES, GIVE	T EVER IN U.S. AR X YES 2 1 MAR OR DATES W	WII	If ye		en, Mexice	HIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	ee or No—	Bleci Speci	
				1						HITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	CEDENT'S US	k done durin	PATION ig most of work	dng	18b. KINO OF B	USINESS/IN	IDUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 8	+)	Do NOT use	,	M COM TO I	CTO	CTV	TT C	ר על כוים	CE
12		WOC	D SH	OP I	NSTRU			IL S		LUE
17. FATHER'S NAME (First, Middle, Last)	233700 00 A						ME (First, Middle, Maide			
JOHN ARVID KI	ENTTA						NNA KAHR			
19e. INFORMANT'S NAME (Type/Print)							Route Number, City or To			
HULDA KENTTA		6	95 Al	MERI	CANA	DR.	ANNAPOL	IS,	MD.	21403
20e. METHOD OF DISPOSITION  1	oval from State	20b. PLACE other pi	OF DISPOSIT	ITAN	of cemetery, ch	ATO	20c. 1	OCATION -		VA .
21. SIGNATURE OF FINERAL SERVICE/LI	CENSE	7					NERAL CH		-	·
* yeppy x.	1 ay L	1		14	7 GLC	UCES	STER ST.	ANNA	POLI	S,MD.2140
disease or condition resulting in death)  Sequentially list conditions,	ser	O (OR AS A CONSE	100	uh	in on	ato	sir.			20 days 6 mo.
If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	· mi	O (OR AS A CONSE	atri	C	slan	· C	ane	)		6 yrs.
PART II. Other significent condition	ne contributing to	o deeth but not	resulting in	the under	rlying ceuse	given in	PERF	AN AUTOPSY ORMED?	y 24t	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		_			26. PLACE OF	DEATH (C/	heck only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient :		THER:	N.	1				
27. MANNER OF DEATH	28e. DATE C		28b. TIME		c. INJURY AT	residence	8 Other (Specify)  28d. DESCRIBE HON	A NUTION V	CCUREN	
Natural 5 Pending Investigation	(Month,	Day, Year)	INJUI	RY	WORK?	□ NO	200. 52.001152 1101	· moonii o	OOOTILD	
3 Suicide 8 Could not be determined	28e. PLACE building	OF INJURY — At h	ome, farm, str	eet, factory,	, office		281. LOCATION (Stre City or Town, Ste		er or Rural	Route Number,
(Gridon Grilly							e to the ceuse(e) end r			e) end manner ee stated.
29b. SIGNATURE AND TITLE OF PERTUR	ER AA	Q NI	)		29c. L	CENSE NU	MBER	29d. D/	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CA	USE OF DEATHATE	EM 27) (Type, 1	cint)	O H	1 11	Aci	00/		(1) 2/1m1
31. DATE FILED (Month, Day, Year)	32. REGIST	AR'S SIGNATURE	יאכנו	777	)C //	wy	7711	1001	1/	1/19/10/4/

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Page 6 may be in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be me
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	1 - STATE OF MARYL REGISTRAR	AND / DEPARTMENT		MENTAL HYGIEN	E	
		resa LANDY		2. DATE OF DEATH MONTH D	5 9	1 6 IZ AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AVE	(In yrs. lest birthday) # UNDEF YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-00 R	IRTHELACE (State or Foreign ountry) no 1 and
TOR	90. FACILITY NAME (II not institution, give street and number)  OPPORTUGE OF DECEMENT  PRESIDENCE OF DECEMENT	gethe Am Bo	A H my (P	CNY	9c. COUNTY	SA SA
DIRECTOR	100. STATE 100. COUNTY	10c CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 ES 2 NO
FUNERAL	100. STREET AND WUMBER Lafayote O	w	101. ZIP CODE	7	1	OF WHAT COUNTRY?
BY FU	1. MARITAL STATUS  1. Never Married 2. Married 3. Widowed 4. Divorced	2 []] NØ	WAS DECENDENT OF HISPAN If yes, specify Cybrin, Mexicar 1 YES 2 NO Specify	, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: ————————————————————————————————————
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) Dis		18b. KIND OF BU	SINESS/INDUST	RY .
BE CON	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAM	ME (First, Middle, Meiden	Surname)	
10	190. INFORMANT'S NAME (Type/Print)  Miss Virginia Landy		Second St.,			
	20e_METHOD OF DISPOSITION 2004Burlei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Ob. PLACE OF DISPOSITION (No other place)  Visitation (	eme of cemetery, crematory or		cation - city	or Town, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22.	NAME AND ADDRESS OF FACE Keeney and B	asford P./	. Fune	ral Home
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)		r the mode of dying, such	aa cardiac or resp	Iratory arrest,	Approximata Intarval Batween Onset and Daath
NOI	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE OF):	8evg			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	A CONSEQUENCE OF):				
AL	PART II. Other aignificant conditions contributing to death	A		Part 1. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	3417	PARE	N/B	1 _ YES :	2 □ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHE	26. PLACE OF DEATH (Che	eck only one)		
	1  YES 2 NO	28b. TIME OF	28c. INJURY AT WORK?  1 YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURI	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUR	RY — At home, farm, street, fac ecity)		281. LOCATION (Street City or Town, State	end Number or F	tural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kno one) 2 MEDICAL EXAMINER: On the basis of examination					use(e) end menner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Zen-	29c, LICENSE NUN	3,53	29d. DATE SH	ONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Print)	It MI)		-//	
	31. DATE FILED (Moriting gais, Mar) 7 ARGISTRAR'S SIG	ENATURE			<del></del>	
	/ 300 N/0 1331 Name	4				DHMH-16 Rev 1/6

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	¥	his with
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
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1 - STATE REGISTRAR	STATE OF MARYI	LAND / DEPART CERTIFIC			MENTAL HYGIEI REG. NO			
1. DECEDENT'S NAME (First, Migidie, Last)	,				2. DATE OF DEATH	DAY	3	TIME OF DEATH
Tellvey	hen	173			WONTE VA	21	SEAR S	4:3°p
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	(Middly Day Year)		8. BIRTHPL Country)	ACE (State or Foreign
215-92-6757	N□ M 2 □ F 17	YRS.	IONTHS DAYS	HOURS MIN.	June 27, 1	974	Hage	rstown, Mo
9a. FACILITY NAME (If not institution, give s	street and number)		Db. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	ITY OF DEA	тн
Washington Count RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT Maryland Wash 10e. STREET AND NUMBER 4918 Portersto 11. MARITAL STATUS X Naver Married 2 Married	y Hospital		Нас	erstown			WAS	5 H.
100. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCA	TION			10	Dd. INSIDE CITY LIMITS?
Maryland Wash	ington	Ke	edysvil	le .			1	TES 2 NO
10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZ	ZEN OF WH	AT COUNTRY?
4918 Portersto	wn Rd.			21756		U.	S. A	•
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Y	ea or No-		- American Indian, White, atc.
X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 NO Spec			Specify:	-
	<u> </u>	T	1					
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	CATION completed)	16a. DECEDENT'S U	rk done during me		16b. KIND OF B	USINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Labor	reared.)		Rest	aurant	-	
\$		202002			-		-	
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	AME (First, Middle, Maide	n Surname)		
Gerald Frankl	in Lewis			Nancy	Helen Jon	es		
198. INFOHMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street	and Number or Rura	Route Number, City or To	wn, State, Zip	Code)	
Gerald F. Lewis		4918	Porters	town Rd.	, Keedysv	ille,	Md.	21756
20s. METHOD OF DISPOSITION Duriel 2 Cremetion 3 Rem	anual from State	06. PLACE AND DATE	OF DISPOSITION	l (Nama	DATE 20c. L	OCATION —	City or Town	, Stats
4 Donation 5 Other (Specify)	N N	lountain V	iew Cen	etery	7-24-91 S	harpsk	ourg,	Md.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEED 91	1001	22. NAME A	ND ADDRESS OF F	ACILITY	C 01-1	NT-12	- 1 Dil -
▶ John H. Bas	th Jr.	-ab	BAST	FUNERAL	HI MAIH.			onal Pike ryland 217
23. PART f. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a	A CONSEQUENCE OF		or dying, su	cir se caldiac of les	piratory arr	••••	Approximate Interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF)					-	
Cause. Enter UNDERLYING CAUSE (Disease or Injury	с							
that initiated events	OUE TO (OR AS	A CONSEQUENCE OF)						
resulting in death) LAST	d							
	ne contribution to death	hut not moviden in	Alex condend do	a annua atoma t	Best Inches	N AUTOPSY	arena.	/ERE AUTOPSY FINDINGS
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		out not resulting in	the underlyin	g cause given in		ORMED?	C	MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
<u> </u>							1	TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL		HE STATE	26. P	LACE OF DEATH (C	theck only one)			- 40
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Ou		OTHER:	ne 5 🗆 Besidenes	VC ( W 6 □ Other (Specify)			0.7
27. MANNER OF DEATH	26a, DATE OF INJURY	28b. TIME	OF 28c, IN	JURY AT	28d. DESCRIBE HOV	Y INJURY OC		/
1 Natural 5 Pending	(Month, Pay, Year	91 435	RY W	DRK?	1.	. /	,1	Lishwen
Accident Investigation	28a. PLACE OF INJUS	TY — At home, farm, at	/ _		281. LOCATION (Styles	and Number	or Burni Box	nd Number
3 Suicide 6 Could not be	building, etc. (Sp		out, motory, one		City or Town, Ste	te)	C/	
☐ 4 ☐ Homicide detarmined	NVEV				Valente V	1301 H	11 )KO	
4 Homicide detarmined								MESSING
4 Homicide detarmined  29a. CERTIFIER 1 CERTIFYINO PHYS (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of my kno ER: On the basis of axaminat							and manner as stated.
29a. CERTIFIER 1 CERTIFYINO PHYS (Check only one) 2 MEDICAL EXAMIN	ER: On the basis of axeminat				e time, data and place,	and dua to th	e cause(a) s	
296. SIGNATURE AND TITLE OF CEROFFE	ER: On the basis of axeminat			death occured at th	UMBER	and dua to th	e cause(a) s	and manner as stated.
	ER: On the basis of axaminat	ion and/or investigation	, in my opinion,	death occured at th	e time, data and place,	and dua to th	e cause(a) s	fonth, Day, Year)

32. REGISTRAR'S SIGNATURE
Julia Davidson Pandala

31. DATE FILED (Month, Day, Year) 41 23 '91

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEH	HIFICA	ALE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, GERTRUDE ROBI			1.	carr	_	2. DATE O	y DA		AR	TIME OF DEATN
				w	CATE			ely	13 199		1720 M
	4. SOCIAL SECURITY NUMBER 219-36-6432	5. SEX	6. AGE (In yrs. last bir	YRS. WON	THE DAYS	HOURS MIN.	(Month,	F BIRTH Day, Year) 1910		ountry)	CE (State or Foreign
- 3	9a. FACILITY NAME (If not institution,	give street and number)		9b.	CITY, TOWN (	OR LOCATION OF			9c. COUNTY		H
œ	PENINSULA G	ENERAL HOSI	PTTAT.	-	SALIS					COMI	
DIRECTOR	RESIDENCE OF DECEDEN		TIME		DALI I.	DORI			"1"	70111	
<b>E</b>	10a. STATE 10b. Ct		1	Oc. CITY, TO	WN OR LOCAT	TION				104	I. INSIDE CITY
<b>E</b>	Md. Wi	comico		Delma	~						LIMITS?
	10e. STREET AND NUMBER	COMITCO		Derma							YES 2 X NO
AA					101	. ZIP CODE			10g. CITIZEN	OF WNA	COUNTRY?
FUNERAL	Rt.3 Box 96					21875			USA		
5	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. ARMEI	D		CENDENT OF HISI secify Cuban, Mex			or No- 14.	RACE -	American Indian, hita, atc.
ВУ	1 Never Married 2 X Married 3 Wildowed 4 Divorced		MAR OR DATES			2 NO Spe		can, etc.)		Specify:	
	15. OECEDENT'S	EDUCATION	ter proce	SENTIN HOLL	AL OCCUPATION	211	1 400		· · ·	Whit	е
1	(Specify only highest	grade completed)	(Give I	kind of work o	done during mo	ost of working	160.	KIND OF BU	SINESS/INDUST	н	
۳۱	Elementary/Secondary (0-12)	College (1-4 or 6	+)						0.1	-	
M		4	School	or rea	cner	& Princ				DOT	System
COMPLETED	17. FATHER'S NAME (First, Middle, Las	,				18. MOTHER'S	1-0.00				
BE	Charles Robins					Eva Br	adley	Robin	son		
	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street a	and Number or Ru	ral Floute Numbe	w, City or Tow	n, State, Zip Cod	e)	
5	Oliver Lecates		Rt	. 3 E	30x 96	Delmar	, Md.	21875			
~	20a. METHOD OF DISPOSITION		20b. PLACE AN	D DATE OF	DISPOSITION	(Name	DATE	20c. LO	CATION — City	or Town,	State
	1 M Burial 2 Cremation 3 C 4 Donation 5 Other (Specify,		of cemetary, cre	matory or of	her place) lemory	Garden	s 7-1	7 He	bron.	۱d.	
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	111 .			ND ADDRESS OF					
	will.	· W	114		Short	Funera	1 Home	, Inc			
	Mulan	In, A	Kent h		P.O.	Box 204	Delma	r, De	. 19940	)	
	23. PART I. Enter the disesses	, or complications th	et coused the death	. Do not e	nter the mo	oda of dying, s	uch as cardi	sc or respi	ratory errest,		Approximate
	iMMEDIATE CAUSE (Finel	iure. List only one ca	use on each line.		1						Interval Between Onset and Death
	disease or condition	Mili	" t	1000	aliena						
- 1	resulting in death)	a. DUE T	OR AS A CONSEQUE	NOE OF:	A MOL						Syrs
_1		_	(								i '
CERTIFICATION	Sequantielly list conditions,	b. DUE TO	O (OR AS A CONSEQUE	INCE OF:							
A	if any, leading to immediata cause. Enter UNDERLYING			,							
임	CAUSE (Disease or Injury	C. DUE TO	O (OR AS A CONSEQUE	NCE OF							
Ē	that initiated events reaulting in death) LAST		(01170700000000000000000000000000000000								
與		d									
	PART II. Other algnificent con	ditiona contributing to	death but not ree	uiting in th	e underlyin	g cause given	in Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
EDICAL				100				PERFOR			AILABLE PRIOR TO IMPLETION OF CAUSE
ā							_ [	1   YES 2	MANO.		DEATH?
Σ										1 (	YES 2 NO
ż											
S	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		1		LACE OF DEATN	(Check only one	)			
PHYSICIAN:	1 TYES 2 NO		☐ ER/Outpatient 3 ☐		HER: Nursing Hor	ne 5 🗆 Residen	ce 6 🗆 Other	(Specify)			
Ť	27. MANNER OF DEATH	26a. DATE O		8b. TIME OF	28c. IN.	JURY AT	28d. DES	CRIBE HOW	NJURY OCCUR	ED	
	1 Natural 5 Pending		Day, Year)	INJURY		ORIC? YES 2 NO					
ВУ	2 Accident Investig	26a. PLACE	OF INJURY At home	, farm, street	, factory, offic	De Co	26f. LOCA	TION (Street	and Number or F	tural Rout	e Number
COMPLETED	4 Homicide 6 Could n		, etc. (Specify)		-		City o	r Town, State,			
Щ	29a. CERTIFIER										
P	(Check only	PNYSICIAN: To the best of									
ō	2 MEDICAL EX	AMINER: On the basis of	examination and/or inve	estigation, in	my opinion,	death occured at	the time, date	and place, as	nd due to the ca	use(a) ar	d manner as stated.
	296. SIGNATURE AND TITLE OF CH	HIPTER AA	/			29c. LICENSE	NUMBER		29d. DATE SI	ONED /M	Inth. Day. Wally
38	1207	1111	/ WW	2		021	270		D 7-	14-	-91
5	30. NAME AND ADDRESS OF PERSO	IN WHO COMPLETED CAL	USE OF DEATH (ITEM 2	(7) (Type, Prin	t)	2006	116		/	-	
	NovidE C.	.11 MM	145 E		d/ S	7	Cali	4	YAN.	21	1801
	31. DATE FILED (Month, Day, Year)	A BEGIETE	AR'S SIGNATURE		41/ 0	, ,	JE ( 113 )	1	MO	- (	0 /
0	nn 17'91	Pio Day	idan-Randel	2							

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ne hospital or attending physician. ARMAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	W	as Jept	23
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5	E	E 20	in the
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, par be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	RTMENT OF H	EALTH AND DEATH	MENTAL HYGIE		1 21312
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
3	APRTI. I.YNN I.TN  4. SOCIAL SECURITY NUMBER		4					991 11:45 P M
	218-17-5863	1□M2	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 24,		BIRTHPLACE (State or Foreign Country) Maryland
DIRECTOR	90. FACILITY NAME (If not institution, give s				rdtown	EATH		Mary's
E E	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	ry	10c. CII	Y, TOWN OR LOCAT	ION			Laurana
H	Maryland Calve	ert.		. Leonar				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		1 50		. ZIP CODE		10a CITIZE	1  YES 2 NO
E	Box 244 C, Linde	n Drive			0685		U.S	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Y		4. RACE — American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES A	II yes, spe	Polify Cuban, Maxic 2X NO Speci	an, Puerto Rican, atc.)		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	Work done during mose retired.)	N st of working	16b, KIND OF B	USINESS/INDU	STRY
I I	Grade 8		Student			Stude	nt	
ő	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maide	n Sumame)	
BE (	Robert James Lin	ik			Deborah	Lynn Moor	re	
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Floute Number, City or To	wn, State, Zip C	ode)
	Robert J. Link (	Father)	2534	Vineyard	La; Cro	fton, Mary	yland 2	21114
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	roval from Stata	D. PLACE AND DATE	of disposition (National Place) Temorial	me of Gardens	7/31/91 D	ocation – ci ounkirk	y or Town, State ., Maryland
	21. SIGNATURE OF FUNERIAL SERVICE LIC	CENSEE		22. NAME AN	D ADDRESS OF FA	CILITY		
	Draw	ocl				l Home, 44 _Maryland		omes Isl. Rd;
	23. PART I. Enter the diseases, or abock, or heart fallure.	complications that cause List only one cause on a	d the death. Do i	not anter the mod	da of dying, aud	ch as cardiac or rea	piratory arres	
	IMMEDIATE CAUSE (Final							Interval Between Onset and Dasth
	disease or condition resulting in death)	a. MULTIPLE	c TRA	UMA.	- p	IVA		IMMEd.
		OUE TO OR AS	A CONSEQUENCE O	F):				
No	Sequentially list conditions,	b						
ATI	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS )	A CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	c. DUE TO (OR AS /	A CONSEQUENCE O	F):				
E	resulting in death) LAST			,				
SAL SAL	PART II. Other algnificant condition	na contributing to death b	out not resulting	in the underlying	cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?
M							/(	1 - YES 2 - 10
AN	25. WAS CASE REFERRED TO MEDICAL	1						
C	EXAMINER?	HOSPITAL:	VI	26, PL	ACE OF DEATH (Ch	eck only one)		
1YS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY		4 - Nursing Home		6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	Ž85, TIM INJ	URY WOR	RK?	28d. DESCRIBE HOW	INJURY OCCU	RED
BY	2 Accident Investigation	28e. PLACE OF INJURY	At home form		ES 2 NO			
TED	4 Homicide determined	building, atc. (Spec	cify)	wrest, factory, office		281. LOCATION (Street City or Town, State	and Number or i)	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	ICIAN: To the best of my know	riedge, death occurr	od at the time, date of	and place, and due	to the cause(s) and me	onner se stated.	suse(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			n, m my opinion, de				
8	Jam // CERTIFIE	1 mark			29c. LICENSE NUI	MBER .	29d. DATE S	IGNED (Month, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH /ITEM 27 /3	Origin)	014	-43		1/28/91
	Dr. William Boy	III 17 Jef	ferson S		ardtown	Md. 2065	0	
	AUG 1 1991	32 REGISTRAN'S SIGN	- Pandell					

SUPPLIED TO THE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a found of the format director, page 6 may be required by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#MPORTANT: It less 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN	E	21010
	1. DECEDENT'S NAME (First, Middle, Last) Ruth H. Lowman					July 20,	1991 YEAR	3. TIME OF DEATN 12:10 A. M
	4. SOCIAL SECURITY NUMBER 215-50-7712	1 🗆 M 2 🔀 F 8		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Jan 18,	1905 Ma	THPLACE (State or Foreign aryland
OR	9a. FACILITY NAME (If not Institution, give s Meridian Nursing Cent				a Park	EATH	rundel	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne	Arundel		rown on Locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL I	100. STREET AND NUMBER 5924 Deering Rd.				ZIP CODE 21122		U.S.A.	F WNAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:	or No- 14. RA	ACE — American Indian, ack, White, etc. sectly: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won Me. Do NOT use of Homemake)	k done during mo etired.)	N at of working	Own Hom	SINESS/INDUSTRY	
	17. FATNER'S NAME (First, Middle, Lest) Thomas Shoemaker					ME (First, Middle, Maiden Rebecca Ha		
TO BE	19a. INFORMANT'S NAME (Type/Print)  Betty R. Hardest		5924	Deering	Rd., Pa	Route Number, City or Townsadena, Ma	n, State, Zip Code) ryland	21122
	20s. METNOD OF DISPOSITION 17 Burlis! 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUMERAL SERVICE LIC	oval from State	ob. PLACE OF DISPOSITION other place) Pine Grove	Cemete 22. NAME AN Kirkl	ery D ADDRESS OF FA ey Funer	Mt.		Maryland ie, MD 21061
CERTIFICATION	23. PART I. Enter the diseases, or abock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. SEPS  DUE TO (OR AS	each line.	Lus	de of dying, suc	h as cardiac or respi	ratory arreat,	Approximate Interval Batween Onset and Death
PHYSICIAN: MEDICAL C	PART In Other significant condition  Welm Van	es contributing to leath	but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOF	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	28. PI	ACE OF DEATH (Ch	neck only one)		
BY PHYS	1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/O	y 28b. TIME (	X Nursing Nom DF 28c. INJ IY WO	URY AT RK? /ES 2 NO	8 Other (Specify)  28d. DESCRIBE NOW I		
	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (S)	RY — At home, farm, stre pecify)	et, factory, offic		281. LOCATION (Street City or Town, State)	and Number or Rur )	rel Route Number,
COMPLETED	one) 2 MEDICAL EXAMINE							so(a) and manner as stated.
TO BE	29b. SIGNATURE AND WITE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WH	MY AUG	٧	Do cter	D 2	1684		y 21, 1991
	Dr. Chackumkal V	. Cyriac, 1	4 Wellham A		len Burn	ie, Maryla	nd 2106	1
	JUL 22 1991	Julia Davidson	popular					

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at enca.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or remove
e funeral director, page 5 should be detach	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the honeral director, page 5 about the detailed
death. In a market retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount of the hospital of the loss of the hospital of the loss of the hospital of the loss of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hospital of the hosp

REGISTRAR  1. DECEOENT'S NAME (First, Middle, Las	1)	0.		CATE OF	DEATH		REG. NO			3. TIME OF OEATH
Al	ma Ald:	ine Ra	aftei	r McIn	tyre	Jul		24,1	991	9:35 A M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			LACE (State or Foreign
220-07-6237	1 🗌 M 200天	70	YRS.	11.00.		Jan	18,1	921		ryland
9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUR	VTY OF DE	ATH
Dennett Road I	Manor Nur	sing	Home	0	akland				Garr	ett
10e. STATE 10b. COUN	ITY		10c. CITY	TOWN OR LOCA	TION					IDD. INSIDE CITY
	arrett		Mo		Lake	Park			1	YES 2 NO
10e. STREET AND NUMBER				10	I. ZIP CODE			10g. CITI	ZEN OF WH	IAT COUNTRY?
403 "D" St		7/20 W 110 A			21550					JSA
1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2 [3]		If yes, s	CENDENT OF HISP/ pecify Cuban, Mexic	an, Puerlo		a or No—	Black,	- American Indian, White, etc.
3 Wildowed 4 Olvorced	IF YES, GIVE WAR	OR DATES		1 L YE	3 2 NO Spec	any:			Specify	hite
15. DECEDENT'S Et (Specify only highest gra		16a. DE	CEDENT'S	USUAL OCCUPATI	ON not of working	18	b. KIND OF BU	JSINESS/IND		
Elementery/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use	e retired.)	out or working					
12	22	n	ouse	Wife				wn h	ome	
17. FATHER'S NAME (First, Middle, Last)	D - 61				18. MOTHER'S N			Sumame)		
Paul Darre:	LI Raiter	10	h MAILING	ADDRESS /Stmat	Blai		Bell	Cana 7/m	Carlol	
Charles C. Mo	Intvre									MD 2155
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS		metery, crematory or		- V	OCATION -		
I ☐ Suriel 2 ☐ Cremetion 3 ☐ Re I ☐ Donation 5 ☐ Other (Specify)	moval from State	Raft		emeter	v		Ki	tzmi	ller	MD
21. SHENATURE OF FUNERAL SERVICE	LICENSEE			22. NAME A	ND ADDRESS OF					
dolar 19	N Hal	Ja .								
shock, or heart failure IMMEDIATE CAUSE (Finel	a. List only ona cause	on asch line	ð.	21 N ot enter the mo	ods of dying, su	nd S ch ss ca	treet	, Oak	lano est,	MD21550 Approximate Interval Between Onset end Death
shock, or heart failure immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	s. Metact  DUE TO (O)	on asch line	equamo	21 Not enter the months of the cell	orth 21	nd S ch ss ca	treet	, Oak	lano	Approximate Interval Between Onset and Death
shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	s. List only one cause  S. Metaet  DUE TO (O)  B. DUE TO (O)	catio	e.  QUATIC  OUENCE OF	21 N ot enter the mo	orth 21 ods of dying, su	nd S ch ss ca	treet	, Oak	lano	Approximate Interval Between Onset and Death
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Carlot B. Angert

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4. SOCIAL SECURITY NUMBER

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Thelma Virginia MARTIN

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CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

74

YRS.

7. DATE OF BIRTH (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH DAY 3. TIME OF DEATH July 23, 1991 YEAR 6. BIRTHPLACE (State or Foreign Country) June 11,1917 Maryland 9c. COUNTY OF DEATH Washington 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: white ISINESS/INDUSTRY market n Sumame) ach wn, State, Zip Code) nsville, Md. 21767 OCATION — City or Town, State gerstown, Maryland gerstown, Md. 21740 olratory srrest, Approximata Interval Betwe Onsat and Death

> 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

INJURY OCCUREO

t and Number or Rural Route Number,

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

PLETED CAUSE OF DEATH (ITEM 87) (Type, Print)

redere 6250 31. DATE FILED (Month, Day, Year)

NATURE AND TITLE OF CER

21

Julia Navidson

Hagers town Mal

## Nat 2 ZWICK.

20-01 CONT \* AND KO 1 2 1 376

1. DECEDENT'S NAME	(First, Middle, Last)			FICATE	OF D	EATH	I I	2. DATE OF DEATH	3 3	YEAR 3.	TIME OF DEATH	
200	100 111 11400							MONTH 124 aver 958				
214 - 52	4. SOCIAL SECURITY NUMBER  S. SEX  6. AGE (In yea. last)  1  M 2   F  4			MONTHS MONTHS	FUNDER 1 YEAR F 1 MONTHS DAYS HOS			7. DATE OF BIRTH (Month, Day, Year) 3-1-49		Country) Dele	ACE (State or Foreign	
9a. FACILITY NAME (#	not institution, give	1 1 -			TOWN OR L		OF DE	ATH	9c. COU	NTY OF DEAT		
PESIDENCE OF  10a. STATE  MD	00 1	my land Co	incer Center	Bo	altin	270	W	0	Ba	ltimo	re City	
10a. STATE	10a. STATE 10b. COUNTY				R LOCATION		7			10	Id. INSIDE CITY	
	Wico	omico		Salis	bury					1	LIMITS?	
1900 Pin 11. MARITAL STATUS	10e. STREET AND NUMBER					CODE	San C. Carden and	10g. CITIZEN OF WHAT COUNTRY?				
1900 Pin	1900 Pine Way					1801	U.S.A.					
3 Widowed 4	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 Married  15. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES? 1 YES 2 MARRIED IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCES IN U.S. AR FORCE				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarlo Rican, atc.)  1  YES 2 NO Specify:  White							
		(Give kind o life, Do NOT	EEDENT'S USUAL OCCUPATION To kind of work done during most of working The AIT Teller  BAnking									
17. FATHER'S NAME (Fit						. MOTHER	R'S NAM	AE (First, Middle, Maide				
Ottis (	Unk) Mea	adows						Ellingsw		Meado	WS	
198, INFORMANT'S NA								oute Number, City or To		Code)		
Fittenie H		100					isb	ury, MD	21801			
	20a, METHOD OF DISPOSITION 7-18-91 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)											
	4 Donation 3 Other (Specify) Spring Hill Memory Gardens Hebron, Maryland 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE											
John	Holloway Funeral Home 501 Snow Hill Rd. Salisbury, MD 21801											
Sequentially list co if any, leading to ir cause. Enter UNDE	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c											
resulting in death)	resulting in death) LAST											
PART II. Other algr ACV  25. WAS CASE REFERRE EXAMINER? 1   YES 2   NO	PART II. Other algorificant conditions contributing to death but not a  Acute Renal Failure  Metabolic Acidoris  Description					ting in the underlying cause given in Part I. 24s. WAS AN PERFOR					24b. WERE AUTOPSY FINDINGS AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
25. WAS CASE REFERR	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one)											
EXAMINER?		HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER 4 Nun		S 🗆 Resk	Sence	8 Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)			IME OF VORK?  M 1 YES 2 NO					CUREO			
2 Accident 3 Suicide 4 Homicide	Investigation  Could not be detarmined	28e. PLACE OF	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
one) 2	MEDICAL EXAMIN	NER: On the basis of ax	ny knowledge, death occi smination and/or investiga		opinion, deat	occured	at the	Ilme, date and place,	and due to 1	he cause(s) s		
Chally	H- 31/2	or mp. =	5/67 medica	Ren'	dent	c. LICEN:			29d. DA1	HIGHED IN	fonth, Day, Year)	
(trubew)	+. Ewi	ck 39	-S. Greene	,57.	Bal	tim	ore	mp .	3131	10		
31. DATE FILED (Month,	Day March	32. REGISTRAI	O'S SIGNATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

R	IEGISTRAR		CER	TIFICAT	E OF	DEATH	F	REG. NO.				
	EEDENT'S NAME (First, Middle, Last) Virgil	Mario	on		nul	Lins	2. DATE OF MONTH July	DEATH DAY	YEAT 1991			
40	00-14-1367	1 M 2 F	AGE (In yrs. lest birt	'RS. MONTH	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D June	my Money	1 E Co	TINPLACE (Stille or Foreign untry)		
	98. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL					96. CITY, TOWN DR LOCATION OF DEATH SALISBURY WICOMICO						
10a, ST	TATE 10b. COUNT	v	1 10	- CITY TOWN	1001000	FIGN				Land more over		
Del	laware Suss	10	Frankford						10d. INSIDE CITY LIMITS? 1 YES 2 H NO			
RT.	. 2 Box 250		101. ZIP CODE 19945					10g, CITIZEN OF WHAT COUNTRY? USA				
3 0 V	RITAL STATUS  Never Merried 2  Merried  Widowed 4  Noverced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 A NO	ES 2 A NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)					В	14. RACE — American Indian, Black, White, etc. Specify: White		
3	15. DECEDENT'S EDU	CATION	16a. OECED	ENT'S USUAL	OCCUPATI	DN	16b. KI	ND DF BUSINI	ESS/INDUSTR	Y		
17. FAT	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)			nd of work dor NOT use retired Miner		ost of working	М	ining				
	17. FATNER'S NAME (First, Middle, Lest) James Madison Mullins				16. MOTHER'S NAME (First, Middle, Maiden Surname) Lillie Mae Whitaker							
) II C	FORMANT'S NAME (Type/Print) Ralph Mullins		19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RT. 2 Box 250 Frankford, Delaware 19945									
20a. M 1X B	ETHOD OF DISPOSITION furial 2 Cremation 3 Film		-	DATE DF DI	SPDSITIDN (Name DATE 20c, LOCATION — City or Town, State							
	21. SIDNATURE OF PINIERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY Hastings Funeral Home						
	Selbyville, Delaware 19975											
disea	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  But to (or as a condeduence or):  Bequentially list conditions, if any, leading to immediate  Due to (or as a conseduence or):											
CAUS	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.											
11	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY								246. WERE AUTOPSY FINDINGS			
MEDICAL —	fruit Fact		underlyin	ig cause given it	PERFORMED?  1 YES 2 NO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO							
Z	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
EX	CAMINER?	HOSPITAL:	and the same	ОТН	ER:	LACE OF DEATH (C						
27. MA	1 See 2 MD 1 See ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  WORK?											
	2 Accident Investigation " 1 TES 2 ND								nd Number or Rural Route Number,			
	1	IICIAN: To the best of my								se(a) and manner as stated.		
296. 8	IGNATURE AND TITLE OF CERTIFIE  AWARD W	/	)			29c. LICENSE NI	UMBER	2	Pod. DATE SIDI	NED (Month, Day, Year)		
30. NA	ME AND ADDRESS OF PERSON WILL DO NACO M.	WOUD M	OF DEATH (ITEM 27	O (Typo Print)	MC				- 1			
	TE FILED (Month, Day, Year)	32. REGISTRAR'S			•							

BALTIMORE, MARYLAND 21203-3146

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct has find within 72 hours after death with the State Dect. of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medicel examiner mu

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	TIEGIOTI DAT					OATI	- 01	DEA			LG. 140.									
	1. DECEDENT'S NAME (First	DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	AY YEAR 3. TIME OF GEAT		3. TIME OF OEATH							
	HOWARD ROBERT MARSH SR.									07	07 11 1991 4:5									
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDE	,	7. DATE OF I	NATH (Mar)		8. BIRTI	IPLACE (State or Foreign						
	220-10-0734			70				HOURS	MIN.		15 19	20		dan, Va.						
		9e. FACILITY NAME (If not institution, give atreet and number)					, TOWN	OR LOCATI	ON OF DEA		13 19									
œ			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH																	
DIRECTOR	SACRED HEAR			CU	MBER	LAND				ALLE	GANY									
S	10a. STATE		10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY								
<u>۳</u>	Md.									LIMITS? 1 X YES 2 □ NO										
ا د	100. STREET AND NUMBER		MAG	SLEI		1. ZIP COD	-	_		10.00		WHAT COUNTRY?								
\$				10				- 1	10g. CI1		WHAT COUNTRY?									
FUNERAL	219 Mc		21562						- 3		US									
ا جَ	11. MARITAL STATUS	T EVER IN U.S. ARI	MED	13.	WAS DE	CENDENT	OF HISPANI	IIC ORIGIN? (Specify Yes or No- 14. R.				ACE — American Indian, ack, White, etc.								
8	1 Never Married 2 🛭		IF YES, GIVE	YES 2 N MAR OR DATES WW 11	NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.)  1 YES 2 NO Specify:						specify: White									
	3 Widowed 4 Dive	preed		MM TT																
COMPLETED	16, DEC	EDENT'S EDU	CATION	18a. DE6	DECEDENT'S USUAL OCCUPATION [Give kind of work done during most of working]  16b. KINO OF BUSINESS/INDUSTI							DUSTRY								
iii l	Elementary/Secondary (		College (1-4 or 5	- 100	Do NOT us	e retired.)	GOING IN	JUL OF WORK	W	477										
٦ ا	Unknown				f em	ploy	red (	Conti	cacto	r Tru	ickin	g/ F	Iome	repair						
8	17. FATHER'S NAME (First, A	fiddle, Lest)				1 7				_										
5	100000	Barber Marsh				18. MOTHER'S NAME (First, M Lucy Gr.														
BE			larsii																	
2	19a. INFORMANT'S NAME (		1 -							oute Number, (	-			,						
	Howard R									ernpo	-									
	20a, METHOD OF DISPOSIT	TON	oval from State	20b. PLACE (	OF DISPO	BITION (N	ame of ce	metery, cre	metory or					own, State						
	4 Donation 6 D Other	(Specify)	0,000,000	_   "Ph	iilos	Cen	Cemetery Westernpor						port	t, Md. 21562						
	21. SIGNATURE OF FUNERA	SERVICE LIC	CENSEE	1		22.	22. NAME AND ADDRESS OF FACILITY													
	1711			Boal-Warnick Funeral Service																
	We	my	200	10		1	.11	Churc	ch St	. Wes	ternp	ort,	, Md	. 21562						
CERTIFICATION	disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LACUSE (Disease or Injury that initiated events resulting in death) LAST																			
SER.																				
ا پ	PART II. Other significa	ent condition	e contributing to	desth but not n	esulting	In the u	nderlyir	g cause	given in F	Part I. 24		WAS AN AUTOPSY 24b. WERE AUTOPSY FIND PERFORMED? AMAILABLE PRIOR TO								
MEDICAL		0	rahe	les							,		COMPLETION OF CAUSE							
3	1 VES							L 123 2)	6 mg		OF DEATH?									
- 1										-				1 TES 2 NO						
2																				
3	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (Che	ck only one)										
2	1 TYES 2 NO			☐ ER/Outpatient 3	□ DOA			ne 6 🗆 F	lesidence (	B 🗆 Other (S	pecify)									
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TIN			JURY AT		28d. DESCR	BE HOW IN	JURY O	CCURED							
	1 Netural 6 Pending (Month, Day, Year) INJURY							WORK?												
B	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm						treet, factory, office 28f. LOCATION (Street and Number or Rural Route Number,													
									City or T	City or Town, State)										
8	4 Homicide																			
ETE	20a CERTIFIER			29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.																
APLETED	29a. CERTIFIER 1 CER	TIFYING PHYS								one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
OMPLETED	29a. CERTIFIER 1 CER	TIFYING PHYS				on, in my				ilme, date and	d place, end			(e) and manner as stated.						
	29a. CERTIFIER 1 CER	TIFYING PHYS	ER: On the basis of			on, in my		death occi			d place, end	due to t	the cause							
H	29a. CERTIFIER (Check only one) 2 MEE	TIFYING PHYS	ER: On the basis of			on, in my		death occi	ared at the l		d place, end	due to t	the cause	(e) and manner as stated.  O (Month, Day, Year)						
H	29a. CERTIFIER (Check only 2 MEE	TIFYING PHYS DICAL EXAMINE	ER: On the basic of	examination and/or i	Investigation	17	opinion,	death occi	ared at the l		d place, end	due to t	the cause							
H	29a. CENTIFIER (Check only one) 1 CER (Check only one) 2 MEE	TIFYING PHYS CAL EXAMINI E OF CERTIFIE	P COMPLETEO CAL	examination and/or i	Investigation	17	opinion,	death occi	ared at the l		d place, end	due to t	the cause							
TO BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEE	OF PERSON WE	P COMPLETEO CAL	Set on	M 27) (Type	a, Print)	opinion,	death occi	ared at the l	DER 2	d place, and	due to t	the cause							
B	29a. CENTIFIER (Check only one) 1 CER (Check only one) 2 MEE	OF PERSON WE	P COMPLETEO CAL	EXAMINATION and/or	M 27) (Type	a, Print)	opinion,	29c. LK	ENSE NUM	DER 2	d place, end	due to t	the cause							

media. Age 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

must be notified at once.

MARYLAND 21203-3146 be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within —fours after the TO THE FUNEFAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the be filled within 72 hours after death with the State begt, of fleath and Mental Hygiene prior to burial, cremation, or removation with the magnetic property of them 23 shows any Injury, or other traumatic event, the medical exami

	1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH 3. TIME OF DEATH												
	MAMIE E. M					DAY YEAR & 550 M							
	4. SOCIAL SECURITY NUMBER 5. S	In yrs. lest birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign				
	2/7-12-1039 10	M 2 2 F	9 6 YAS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year)	94	Mar	yland			
	9a. FACILITY NAME (If not institution, give street a	nd number)		9b. CITY, TO	WN OR LOCAT	ION OF DE		9c. COUN	NTY OF D				
DIRECTOR	Colton Villa Nursing		Hagerstown Washington						gton				
	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY				
اۃ	Maryland Washi	На	gersto	wn					LIMITS? 1 X YES 2 NO				
A	10e. STREET AND NUMBER			101. ZIP COO	E		10g. CITI	ZEN OF W	HAT COUNTRY?				
FUNERAL	2568 Hager Street	2568 Hager Street					0	1	U.S.	Α.			
5		WAS DECEOENT EVER IN	VU.S. ARMED	13. WAS	OF HISPAN	IIC ORIGIN? (Specify Yea	or No-	14. RACE	RACE - American Indien.				
BY		F YES, GIVE WAR OR D			YES 2 X NO		n, Puerto Rican, etc.)	- 1		ly:			
										White			
ETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted)	16a. DECEDENT'S (Give kind of	work done during	PATION g most of work	ing	16b. KIND OF BUS	SINESS/IND	USTRY				
ا ج		lege (1-4 or 5 +)		life. Do NOT use retired.)					sman al Dani lavor				
COMPL	8 Yrs.  17. FATHER'S NAME (First, Middle, Lest)		Home	maker	I 10 1107	WEDIC MA	ME (First, Middle, Maiden		Black, White, etc. Specify: White  SS/INDUSTRY  Al Residence erre) Ch Reeder etc, Zip Code) Vland 21713 ON — City or Town, State boro, Maryland  National Pike Boonsboro, Maryland				
	John W. Viole	<b>&gt;</b> +			16. WO				Do	acho			
BE BE	19e. INFORMANT'S NAME (Type/Print)		195 MAIL INC	ADDRESS /SH	net and Numb	Mar	Y ETTZalo  Route Number, City or Town			aner			
2	Ferne M. Toms						nsboro, Ma			21713			
	20e. METHOD OF DISPOSITION	206											
	1 X Buriel 2 Cremation 3 Removal f	rom State	other place)	er place)									
1	21. SIGNATURE OF FUNERAL SERVICE LICENSE		OOTIODOLO	22. NAME AND ADDRESS OF FACILITY									
	Daniel a n mi	1	NT.										
	Douglas A. Fiery									ro, Maryland			
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  a. Urossation												
HIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
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A	Attacket conditions conditions co	ntributing to death b	onthines ton the	In the under	lying ceuse	given in	Part I. 24s. WAS AN PERFOR		24b	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
EDICAL							1 □ YES 2	No		OF DEATH?			
ĭ	A+fersotcle	ease Ly		Jan 5			_ 1 _ ′			1 TYES 2 NO			
N		7		9									
PHYSICIAN		SPITAL:		OTHER:	6. PLACE OF	DEATH (Ch	eck only one)						
175	1 YES 2 NO t	Inpatient 2 ER/Outs				esidence	6 Other (Specify)						
BY P	Natural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO								- 1				
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined  26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH					to the cause(e) end mar			) and manner as stated.			
O BE C	296, BENATURE AND TITLE OF CERTIFIER	Pas	D_Y	2	29c. LIC	SENSE NUI	WBER 14262	29d. DAT	E SIGNED	(Month, Dey, Year)			
	DO NAME AND ADDRESS OF PERSON WHO CO	TED CAUSE OF DE	138 5		bore	en E	Jers &	Ara	m	WD 2774			
	31. DATE FILED (Month, Day, Your 9 '91	32. REGISTRAD SIGN	Drupplan-N	indebt									

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH ANI	MENTAL HYGI		11 21380
1. DECEDENT'S NAME (First, Middle, L	natur 2			2. DATE OF DEATH		SAR SIME OF DEATH
4. SOCIAL SECURITY NUMBER 217 10 3297  9a. FACILITY NAME (# not institution,	1 反 M 2 □ F 74	YRS. MON	UNDER 1 YEAR	1/9/17	)	BIRTHPLACE (State or Foreign Country) aryland
Washington Co	untv Hospita		Hagerstown		100	ington
10a. STATE 10b. CO			own or location rstown			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
100. STREET AND NUMBER 602 W. Church			101. ZIP CODE 21740		USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR, OR O	2 NO	13. WAS DECENDENT OF HIS If yea, specify Cuban, Ma: 1  YES 2 X NO Sp	xican, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
15. OECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed)  College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use rec mechan	done during most of working ired.)		BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Les Charles Os	car Martin			NAME (First, Middle, Mai	den Sumame)	Wilson
190. INFORMANT'S NAME (Type/Print) Anna Catherin	e Ward	Rt. 2	ORESS (Street and Number or Ru	iral Route Number, City or	Town, State, Zip Co	
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 C 4 Donation 8 Other (Specify)		est rappatory or	DISPOSITION (Name ther place)  The Cemetery		agerst	own, State
21. SIGNATURE OF FUNERAL SERVICE	n. Mins	uch	Gerald N. Funeral Ho	Minnich		Potomac S
IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if smy, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	14 of fregg	a, sir M		Onset and Dea
PART II. Other significant cond	litiona contributing to death i	but not resulting in t	ha underlying cause given	PER	S AN AUTOPSY IFORMED? S 2 \( \sum \text{NO}	24b. WERE AUTOPSY PINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL:	10	26. PLACE OF DEATH	(Check only one)		
1 Netural 5 Pending	1 Impetent 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Resider  F 28c, INJURY AT	28d. DESCRIBE HO	OW INJURY OCCU	RED
2 Accident Investigs 3 Suicide 8 Could no 4 Homicide determin	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree				Rural Route Number,
0001	PHYSICIAN: To the best of my know					
296. SIGNATURE AND TITUE OF CER	тије		DO G	NUMBER	29d. DATE 8	HIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF BERSO	N WHO COMPLETED CAUSE OF DE	EATH STEM 27) (Type Pr	In dsust	sent sto	ustru	21/2046)
31. DATE FILED (Month, Day, Your)	32. REGISTRAR'S SUR	NATURE Panded	2	/		4.2

atawa na mita Ng

MARYLAND 21203-3146

BALTIMORE,

Þ of pour 8 mours after death. Page 6 may must examiner medical the signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematic event, traumatic other requires that the been bo certificate has been the State Dept. W. 23 The TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificat be filed within 72 hours after death with the StatimpORTANT; If Item 28 is marked, or ite

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 12:10 A. July 23, 1991 CHARLES V. MENCH 5. SEX Male 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 218 20 7353 Aug 27, 1926 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 2 Box # 116 Rte Worton At Home Rte 2 Kent 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Kent Maryland Worton 1 YES XX NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? FUNERAL RFD # 2 Box # 116 21678 USA 11. MARITAL STATUS MATTIED 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Mexican, Puarto Rican, atc.)

1 YES 2 NO Specify: NO specify: White В 3 Widowed 4 Divorced WW 2 Army ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ET Flowers Elementary/Secondary (0-12) College (1-4 or 5+) Owner Florist COMP 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Grace Gears John Vincent Mench BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Rte # 2 Box # 116 Irene M. Mench Worton, Md. 21678 20a. METHOD OF DISPOSITION Burial 20c. LOCATION — City or Town, Stata 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4 Denoted 5 Other (Specify) Chester Cemetery (Jul.26, 1991 Chestertown, Md. OF FUNERIAL SURVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 J. Willis Wells Chestertown, Md. 21620 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cerdiec or respiretory arrest, Approximata lock, or heert fellure. Liet only one cause on each line. Interval Between pancreatic Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) prostate carcinoma me tastatic DUE TO (OR AS A CONSEQUENCE OF): (746) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CERTIFICATI CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST injury, or PART II. Other significant conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 | YES 2 | NO shows a 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem OTHER: 1 TES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATN 28a. DATE OF INJURY 286. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined ED 4 Homicide COMPLET 29s. CERTIFIER

(Chank only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) D-33514 July 23, 1991 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

(D-33514)

32. REGISTRAR'S DIGNATURE Pandall

Chestertown, Md.

Michael Bienenfeld, M.D.

31. DATE FILED (Month, Day, Year)

NL 26 '91

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Ploy 6 regions and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral of the marks so with the first within 72 hours after death with the State Dept, of Health and Mental Hygiene prior burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
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Dr.

31. DATE FILED (Month, Day, Year)

JUL 3 1 1991

George

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

I.

Smith,

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND TE OF DEATH	MENTAL HYG		91 21382
	1. DECEDENT'S NAME (First, Middle, Last) Helen	Whitmore MAR	TZ		2. DATE OF DEA	8, 1991	3. TIME OF DEATH 12:30PM M
			9 YRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye Feb. 20	a. (ar) 1902	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9e. FACILITY NAME (If not institution, give street Homewood Retirent RESIDENCE OF DECEDENT		9b.	CITY, TOWN OR LOCATION OF Frederic	DEATH	9c. COUNTY	of DEATH ederick
DIRECTOR	100. STATE 10b. COUNTY Maryland Fred	erick		ederick			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1001 Carroll Park			101. ZIP CODE 217	701	10g. CITIZE	U.S.A.
84	11, MARITAL STATUS  1, Never Merried 2 Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Rican, el	ity Yes or No— 14 c.)	I. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		6e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir Nu r	lone during most of working ed.)		ursing	STRY
BE COM	17. FATHER'S NAME (First, Middle, Lest)  John H. Martz				NAME (First, Middle, No.	falden Surname)	
TO 8	190. INFORMANT'S NAME (Typo/Print)  John H. Martz, Jr	•		ple St., Duxt			
	20s. METHOD OF DISPOSITION  1 Disposition 3 Remove  4 Donation 5 Other (Specify)	al from State 20b. F	PLACE AND DATE OF or other control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o		1	0. LOCATION — Cit	•
	21. SIGNATORE OF FUNERAL SERVICE LICEN		100021	22. NAME AND ADDRESS OF Keeney and	Basford	P.A. Fun	
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li- IMMEDIATE CAUSE (Final disease or condition resulting in death) s.	at only one ceuse on eac	th line.		uch se cardiac or	reapiretory arrea	tt, Approximate interval Batwean Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions	SLEEDING	not reaulting in th	a underlying ceuse given	P	MS AN AUTOPSY ERFORMED? YES 2 MAO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
SICIAN:		HOSPITAL:		26. PLACE OF DEATH ( HER: Nursing Home 5  Residence			
BY PHYS	27. MANNER OF DEATH  1 Phatural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO		HOW INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, stc. (Specify		, fectory, office	281, LOCATION ( City or Town		r Rural Route Number,
COMPLETED	(oncor only	_ /		the time, date and place, end of my opinion, death occured at t			i. ceuse(s) end menner se stated.
TO BE C	296. SKONATURE AND TITLE OF CENTIFIER	Thank		D 10	15 87	≥9d. DATE :	29 G
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) /Supe Prin	24			

Jr., MD 300 West Ninth Street, Frederick,

After this certificate has been signed by the aftending physician and completely filled in by the funeral diffector, page 3 should be detached for use the first property of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  I marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	AN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.  IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR DECEDENT'S NAME (First, Middle, Lust)				ICATE O		2 DATE	OF DEATH		1 2	, TIME OF OEATH
	UEODORE			MATTE	c n	MONTH		1001	YEAR	:09 P
ALVIN TI	HEODORE 5. SEX	0 ACE (In	s. last birthday)	NAVE,		-	y I/,	_		ACE (State or Foreign
	1 M 2 N F	6. AGE (III yr.	YRS.	MONTHS DAYS		(Month	Day, Year) 10-25		Country)	SYLVANIA
211-18-2098		00	1110.				10-23			
a. FACILITY NAME (If not institution, give :	The second second	1		7	N OR LOCATION OF D	EATN		9c. COUNT		
Memorial Hospital	& Medic	<u>al Cen</u>	iter	Cumbe	erland			Alle	gany	
On. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION				1	0d. INSIDE CITY
MARYLAND ALL	EGANY		PI	OTOMAC	PARK				1	LIMITS?
Do. STREET AND NUMBER	<u> </u>		`		101, ZIP CODE	-		10a, CITIZI		AT COUNTRY?
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1. MARITAL STATUS	12. WAS DECEDEN		S. ARMED	13, WAS D	ECENDENT OF NISPA	NIC ORIGIN	? (Specify Yea		4. RACE -	- American Indian,
Never Married 2 ☐ Married  X Widowed 4 ☐ Divorced	FORCES? 1	YES 2	. Mo	If yes,	apecify Cuban, Maxic 'ES 2 X NO Speci	an, Puerto F			Black, Specify:	White, atc.
15. DECEDENT'S EDU (Specify only highest grade	JCATION	164		USUAL OCCUPA		16b.	KIND OF BUS			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	work done during se retired.)	most or working		KELL	J-SPR	ING	FIELD
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7. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, I	Aiddle, Maiden	Surname)		
CROMWELL NAVE					MONTR	A HC	WSARI	5		
Da. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Numl	per, City or Town	n, State, Zip (	Code)	
ALVIN T. NAVE,	JR .		13503	Мсми1	LLEN HWY	1	POTON	IAC P	ARK	, MD 2150
pa. METHOD OF DISPOSITION				E OF DISPOSITI	ON (Name	DAT	20c. LO	CATION — C	ity or Town	n, State
A Burial 2 ☐ Cremation 3 ☐ Ran ☐ Donation 5 ☐ Other (Specify)	toval from State	- SIIN	SET M	FMORJA	L PARK	7-21-	91 C	UMBEI	RLAN	ID, MD
I. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Юин	J. J. M.	22. NAME	AND ADDRESS OF F	ACILITY				
- M . (A	11 .			I GEOI	RGE-UPCH	lurch	l FUNI	ERAL	HOM.	E, P.A.
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3. TIME OF DEATH

1:15A

WILLIAM

В.

NICHOLSON

2. DATE OF DEATH MONTH
June 24,

DAY 1991

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BALTIMORE, MARYLAND 21203-3146

	4. SOCIAL SECURITY NUMBER	5. SEX Male 6. A	GE (In yrs. last	t birthday)	IF UNDER 1 YE			7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
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	9a. FACILITY NAME (If not Institution, give st	reet and number)			9b. CITY, TOV	N OR LOCATI	ON OF OE	ATH	9c. COU	NTY OF DEAT	гн
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B	11. MARITAL STATUS Married 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WATO	ES 2 N	Ю	If yes		n, Maxica	IIC ORIGIN? (Specify n, Puerto Rican, atc.) .: No		14. RACE — Black, V Specify: White	- American Indian, Vhits, etc.
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COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maid	ten Surname)		
		William B.	Nicho	lson,	Sr.		Nanc	y Kane			
O BE	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	AOORESS (Str	et and Numbe	r or Rural i	Route Number, City or	Town, State, Zip	p Code)	
۲	Pamela Y. Nichols	son	1	1 Cov	ve Vie	Rd.	St.	Michaels	. 216	63	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR									
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4. SOCIAL SECURITY NUMBER 214-16-2810	5. SEX 1 MXX F	6. AGE (In yrs. lest bi	rthday) IF UN YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	DIRTH	6. BIRT	THPLACE (State or Foreign stry)
9a. FACILITY NAME (If not Institution, give 812 White Avenu	street and number)			mber	or location of d land	EATH		ounty of 11ega	
RESIDENCE OF DECEDENT  108. STATE  10b. COUN  MD  Allege			oc. city, row Cumber:		TION				10d. INSIDE CITY LIMITS? XXX YES 2 NO
812 White Avenu	e				1. ZIP CODE 1502			SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARME YES 2. NO AR OR DATES	D	If yes, sp	CENDENT OF HISPA pecify Cuben, Mexic SEX NO Speci	en, Puerto Ricer	pecify Yes or No-	Ble	CE — American Indian, ick, White, atc. od/y: Vhite
15. DECEDENT'S EC (Specify only highest gra		16a. DECE (Give	DENT'S USUAL kind of work do NOT use retire	OCCUPATI ne during m	ON ost of working	16b, KIN	D OF BUSINESS	INDUSTRY	
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17. FATHER'S NAME (First, Middle, Last) William Rigglem	nan						le, Maiden Surname	n)	
19a. INFORMANT'S NAME (Type/Print)	EAT1	196. 8	AAILING ADDR	ESS (Street	Temple and Number or Rural	Shanh		Zin Code)	
Mrs. Dolores Ca	ige	812	White	. Ave	nue Cumb	erland,	MD 215	502	
4 □ Donation 5 □ Other (Specify)	moval from State	20b. PLACE AN SUITSet	D DATE OF D	SPOSITION	Norme Park	7-22	20c. LOCATION Cumber		
		•		22. NAME A	ND ADDRESS OF FA	CILITY	190		
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23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  PART II, Other significent conditions in death LAST  PART II, Other significent conditions in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. 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DESCRI  286. DESCRI  287. LOCATIC City or its a to the cause( a time, date and	a. WAS AN AUTOP: PERFORMED? VES 2 NO Decily) BE HOW INJURY ON (Street and Number, State)	OCCURED  ober or Rura  etated.  o the cause	Interval Between Onset and Deal Plant Plant Plant Plant To Completion of Cause of Death?

3. TIME OF DEATH 7:00 p

6. BIRTHPLACE (State or Foreign

Pennsylvania

2. DATE OF DEATH DAY

1991

1934

9c. COUNTY OF DEATH

MONTGOMERY

JULY 20

7. DATE OF BIRTH (Month, Day, Year)

JUNE 29.

4. SOCIAL SECURITY NUMBER

184-26-0253

PAUL STEPHEN OLSAVSKY

9a. FACILITY NAME (If not institution, give street and number)

NIH, THE CLINICAL CENTER

5. SEX

1 XM 2 - F

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

9b. CITY, TOWN OR LOCATION OF DEATH

BETHESDA, MARYLAND

6. AGE (In yrs. last birthday)

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DIRECTOR RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MARYLAND QUEENSTOWN Queen Arine Co. 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE RT. 1, BOX 1338 3 21658 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 X Married Specify: ΒY WHITE 3 Widowed 4 Divorced 0 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ring most of working (Give kind of work done life. Do NOT use retired.) E College (1-4 or 5+) Elementary/Secondary (0-12) COMPL Westinghouse Engineer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Stephen J. **Olsavsky** Josephine f. Roth BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARILIS OLSAVSKY SAME funeral director, page must be 20s. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Metro Crematory Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 21146 filled in by the medicai 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between 00 Onset and Death IMMEDIATE CAUSE (Final completely filled the disease or condition neumonie reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician and con Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Anemia. 23 shows any COMPLETION OF CAUSE 1 THES 2 | NO OF DEATH? 1 TYES 2 NO been s PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item After this certificate the death with the State HOSPITAL: OTHER: 1 YES 2 NO itient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 6 Realdence 6 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY death 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 2 ETED 6 Could not be DIRECTOR: / Item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner on stated. COMPL (Check only one) FUNERAL within 72 I IMPORTANT: If 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 로 기를 Karholud July 21 1991 2 8 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 2 20892 32. REGISTRAR'S SIGNATURE Davidson Mandall DHMH-16 Rev 1/89

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	HOSP	FUNE	IAN
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page he filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

hoopial or attending physician. ached for use as the burial-transit permit. Pages 1, 2, 3 should

AND 21215-0020

1. 0	DECEDENT'S NAME (First, Middle, Las	e)						OF DEATH			3. TIME OF DEATH_
	JOSE	PHINE ELIZ	ZABETH	PAPAF	RELLA		MONT	LY 22	1991	PAR	6:00 P
4. 5	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	iast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTH	IPLACE (State or Foreign
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90.	FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TOWN	OR LOCATION OF D		-	9c. COUNT		
	NATIONAL NAVAL	MEDICAL CF	ENTER	=	В	ETHESDA		_	МС	ONTG	OMERY
10a	a. STATE 10b. COUN	<b>ITY</b>		10c. CI	TY, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
_		REDERICK			FREDE						1 YES 2 NO
10e	. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZI	EN OF V	WHAT COUNTRY?
	614 WILSON PLA		Table and the last				702				STATES
1[	MARITAL STATUS  Never Merried 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1X IF YES, GIVE WA 1940 -	YES 2 [		II yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 A NO Speci	en, Puerto 1	I? (Specify Ye Rican, atc.)	or No 1	14. RACI Black Spec	
	15. DECEOENT'S EC	OUCATION	16a.	DECEDENT'S	B USUAL OCCUPATI	ION	16b	. KINO OF BU	SINESS/INDU	ISTRY	WHITE
-	(Specify only highest gra Elementary/Secondary (0-12)	college (1-4 or 5+)		(Give kind of life. Do NOT u	work done during muse retired.)	ost of working					
1	Elementally/Secondary (0-12)	4	'	U.S.N	NAVY NUR	SE		HEAL'	TH CAR	RE	
17.	FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, I	Middle, Maiden	Sumame)		-
	CHARLES A.	McCARTHY				MARY 1	ELIZA	BETH 1	RUSSEL	L	
190	. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Num	ber, City or Tow	rn, State, Zip (	Code)	
A	NDREW PAPARELLA			2034	4 SHADOW	CLIFF,	SAN A	NTONI	O, TX	782	232
	SIGNATURE OF FUNERAL SERVICE	Driley	19		120	pert E. ( D1 N. Ma)	Daile rket	y & So Stree	on, P.	A. ede	rick, MD
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Prayer 1.7 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR										
1. DECEDENT'S NAME (First, Middle, I	ast)						2. DATE OF DEAT	H	YEAR	3. TIME OF DEATH
ARTHUR NOEL F	OLAND						0.7	09	199	4:50 pm
4. SOCIAL SECURITY NUMBER  232-09-0541	5. SEX 1√2 M 2 □ F	6. AGE (In yrs. last bi		ONTHS DAY		MIN.	7. DATE OF BIRTH (Month, Day, Yes pril 23	.1909	8. BIRTI	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution,	give street and number)		_	b. CITY, TOW	N OR LOCATI				UNTY OF E	
SACRED HEART				CUMBI	ERLAND	)				EGANY
10a. STATE 10b. CO			10c. CITY, T	TOWN OR LO	CATION				_	10d. INSIDE CITY
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100. STREET AND NUMBER 339 West	Rosemary La	ane			10f. ZIP COD 2	6757			S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W			If yes,		n, Mexican,	ORIGIN? (Specif Puerto Rican, etc			E — American Indian, ik, White, etc.
15. DECEDENT'S (Specify only highest				UAL OCCUP		72	16b. KIND OF	BUSINESS/I	NDUSTRY	
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17. FATHER'S NAME (First, Middle, Las	1			100 11		HER'S NAM	E (First, Middle, Ma			
Frank G.	Poland						L. Loy			
19a. INFORMANT'S NAME (Type/Print) Helen M. Polan	d						ute Number, City o			757
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21. SIGNATURE OF FUNERAL BERVIO	E LIKENSKE /	2 1/12/31	1 Libe		AND ADDRE	_	LITY	1(CATE	Cy,	77.7
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	RA	PE(	E
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be main	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neutil

ined or a hount or attending physician.

BALTIMORE, MARYLAND 21215-0020

Eleanor Ps.	znek.			2			3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 190-20-1325			FUNDER I YEAR IF U	NDER 24 HRS. 7	7-25-91 DATE OF BIRTH	8.	09:56 a  BIRTHPLACE (State or Foreign Country)  PA
Washington Co.	Sales Sales		Hagerst		Н		of DEATH
10a. STATE 10b. COUNTY	ington		own on Location r Sprin	g,			10d. INSIDE CITY LIMITS? 1 YES 2 NO
13254 Gruber R	d.		217	22			S . A .
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO		Suban, Maxican,	ORIGIN? (Specify Yourto Rican, etc.)	na or No- 14	Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		#fe. Do NOT use n	done during most of w	rorking	Home	USINESS/INDUS	STRY
7. FATHER'S NAME (First, Middle, Last)					(First, Middle, Maide	n Surname)	
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Peter Paznek			ODRESS (Street and Nu				•
FEVER PAZITEK  S6. METHOD OF DISPOSITION  D Burlel 2 Cremetion 3 Remet  U Donation 5 Other (Specify)	oval from State	0b. PLACE AND DATE Of competery, crematory of Paul	F DISPOSITION (Nam	е _	DATE 20c. L	OCATION — CH	MD. 21722 y or Town, State ring, MD.
IL BURNATURE OF PUNERAL SERVICE LIC	2/	) mesto	Donald P. O. Box	DRESS OF FACIL	ompson	Funer	al Home, I
	complications shoulding	ed the death Do ant					
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Qrdc	a C A A CONSEQUENCE OF):	rrest	dying, such o	es cerdisc Dr res	piratory erres	
shock, or haart failure.  IMMEDIATE CAUSE (Finel disease or condition	a. Carda  Due TO (OR AS  DUE TO (OR AS  A P P a T kg.	each line.	rrest	dying, such o	es cerdisc Dr res	piratory erres	Approximate interval Batw
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PLACE  OTHER:  Nursing Home 5  OF 28c. INJURY  WORK?  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WAS A PERFE  1 YES  Other (Specify)  10d. DESCRIBE HOW	IN AUTOPSY DRMED? 2 [] MO	Approximate interval Batw Onset and Dr June June June June June June June June

1 - FOR STATE REGISTRAR	STATE OF MARYI		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	91 21391
1. DECEDENT'S NAME (First, Middle, LILLIAN ADK	Last) INS PENNEWEL	.L	537	2. DATE DF DEATH MONTH DAY 07 18	3. TIME OF DEATH 1991 12:10 P.M
4. SOCIAL SECURITY NUMBER 216-14-2998	1 □ M 2 🔀 F	37 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-27-1904	6. BIRTHPLACE (State or Foreign Country) Wicomico Co.
9a. FACILITY NAME (If not institution, SALISBURY NUR	SING HOME	100	SALISBURY	DEATH 9c.	WICOMICO
MARYLAND WI			OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 TYES 2 NO
104. STREET AND NUMBER	.D.	1	101. ZIP CODE 21850		USA.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3/SND	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Speci	NIC ORIGIN? (Specify Yes or North, Puerto Ricen, etc.)	
15. OECEDENT'S (Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4 or 5+)	Ille. Do NOT use re	done during most of working stired.)	16b. KIND OF BUSINES	
17. FATHER'S NAME (First, Middle, Las	10	HOUSEWI		AME (First, Middle, Meiden Surni	HOME
WILLIAM	ADKINS			TE BROWN	,
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street end Number or Rura		nte, Zip Code)
RUTH P. JO	7				ARYLAND 21850
20e, METHOD OF DISPOSITION  1 Burlel 2 Commetten 3   4 Donation 5 Dother (Specify)	Removal from State / 0	DE PLACE AND DATE DI	FOISPD SITION (Name CHIP CEMETER)		SVILLE, MD.
21. SIGNATURE OF FUNERAL SERVI	1 Frun	e V			RY MARYLAND 05 E.MAIN ST.
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	at Frihm	2	Onset and Deeth
PART II. Other eignificent con		but not resulting in	the underlying cause given i	1 Part I.	
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (		
27. MANNER OF DEATH	1 Inpetient 2 ER/Ou  28s. DATE OF INJURY (Month, Dey, Year)	28b. TIME C		8 Other (Specify)  28d. DESCRIBE HOW INJUR	RY OCCURED
Natural   5   Pending   Investig   3   Suicide   8   Could in   determine   Could in   determine   Could in   determine   Could in   Could in   determine   Could in   determine   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could in   Could	28e. PLACE OF INJUI	RY — At home, farm, streecify)	M 1 YES 2 ND	281. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,
Constant City	PHYSICIAN: To the best of my kno AMINER: On the basis of examinat				ee stated, e 10 the ceuse(e) end manner ee stated,
296. SIGNATURE AND TITLE OF CER	100.	MD	29c. LICENSE N	UMBER 28	d. OATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PENSA	AZQUITE CAUSE OF C	DEATH (ITEM 27) (TYPE, PI	bury Medce	whe , calis	buxy, MD
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	INATURE		(	, ,

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic e	5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATN VEAD William Pelke 3:40 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 😾 M 2 🗆 F 139-30-6191 May 10, 1914 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Kent & QA Hospital Chestertown DIRECTOR Kent RESIDENCE OF DECEDENT 100. STATE 10c. CITY TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY udlersville 1 YES 2 NO FUNERAL 10e. STREET, AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 2166 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuban, Mexicon, Puerto Ricon, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merrie BY cavo 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 185. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementary/Secondary (0-12) 10 Farmer Farming 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumeme) August Pelke Helena Polei 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Billie Carroll Millington .MD 21651 20a METNOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Res 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Capitol Crematory Dover, DE 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home 370 W. Cypress St., Millington. MD 21651 23. PART I. Enter the asseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final Sudder death 2° Arrythmin or Acute MI disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TO NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 VYES \( \superscript{\subset}\) NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 Other (Specify) 27, MANNEY OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Distural 5 Pending Investigation NIB 1 YES 2 NO NIP BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED Could not be 4 Nomicide 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(a) end manner ea stated, (Check only one) end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) and manner as stated, BE 3605 9

5/6 URSH

be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be manning that the death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contribution in by the funeral director, he study within 27 hours after death with the State Deat of Health and Mental Handers inform.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic medical examiner must
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1. DECEDENT'S NAME (First, Middle, Last)			FICATE OF		REG.		
Marv Alice	Rollman				2. DATE OF OEAT MONTH June 3	0 199	3. TIME OF DEATH 1 9:58 p
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
215-34-4778	1 M 2 KF 9	2 YRS.	MONTHS DAYS	HOURS MIN.	7-8-18	98	W.Va
Sa. FACILITY NAME (If not institution, give str				OR LOCATION OF OE	ATH	9c. COUNT	Y OF DEATH
Garrett Co. Mem.	Hospital		Oakla	nd		Garre	ett
Md Garre			ITY, TOWN OR LOCA Kland	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1113 Mary Dr.				1. ZIP CODE 21550		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, s	CENDENT OF HISPAN Decity Cuban, Mexica 3 2 X NO Specify	n, Puerto Ricen, etc		RACE — American Indian, Black, White, atc. Special LE
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind o	's USUAL OCCUPATE If work done during m use retired.)	ON oat of working		BUSINESS/INDU	
17. FATHER'S NAME (First, Middle, Last) John W. Gross		I ruig ca	receria		ME (First, Middle, Me Crabtr		01
19e. INFORMANT'S NAME (Type/Print)				and Number or Rural I			ode)
David A. Burdock				Dr. Oal		21550	
1 Burial 2 Cremation 3 Remo	wel from State G	affect C	OSITION (Name of ce	Gardens		akland, N	
21. SIGNATURE OF FUNERAL SERVICE LICE				ND ADDRESS OF FA			
> (Varya O	Bud	4	David	A. Burde	ock FH 1	Kitzmill	ler, Md 21538
23. PART I. Enter the diseasea, or co	omplicatione that cause	ed the deeth. Do					
ahock, or heart fellure. L	list only one cause on	eech line.				out of the second	intervel Betwee
disease or condition resulting in deeth)	Pulmonary	v Edema					8 hou
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resuring in deeth) * 4	DUE TO (OR AS	A CONSEQUENCE	OF):				0 1100
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Atherosc						Years
Sequentially list conditions, if any, leading to immediate	Atherosc DUE TO (OR AS	lerosis	OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	Lerosis A consequence	OF):	ig cause given in			Years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions  Macular Degeners	DUE TO (OR AS  DUE TO (OR AS  a contributing to death	Lerosis A consequence	OF):	ig cause given in	PE	S AN AUTOPSY RFORMED?	Years  24b. Were autopsy finding analable prior to completion of cause
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS  DUE TO (OR AS  a contributing to death	Lerosis A consequence	OF):	ig cause given in	PE	RFORMED?	Years  24b. WERE AUTOPSY FINDING AMAZABLE PRIOR TO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions  Macular Degeners Osteoarthritis	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  a contributing to death ation	lerosis A CONSEQUENCE A CONSEQUENCE but not resulting	OF): OF): g in the underlyir	ig cause given in	PE 1   YE	RFORMED?	Years  24b. Were Autopsy Finden  AMALABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions  Macular Degeners  Osteoarthritis  25. WAS CASE REFERRED TO MEDICAL EXAMINERY?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  a contributing to death ation  HOSPITAL: 1 Inpetient 2 - ER/Ou	Lerosis A CONSEQUENCE  A CONSEQUENCE  but not resulting	OF):  OF):  26. F  OTHER: 4   Nursing Hot NURY W	LACE OF DEATH (Ch	PEI 1 YE	RFORMED?	Years  24b. Were autopsy findence analable prior to completion of cause of death?  1 \( \text{Yes} \) 2 \( \text{No} \) No
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions  Macular Degeners  Osteoarthritis  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  a contributing to death  ation  HOSPITAL: 1 Inpatient 2 = ER/Out	A CONSEQUENCE  A CONSEQUENCE  but not resulting  tpetient 3 □ DOA  28b. T	OF):  OF):  g in the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the	LACE OF DEATH (Ch. The 5 Residence JURY AT ORK? YES 2 NO	PEI 1 YE  seck only one)  8 Other (Specify)  28d. DESCRIBE H	RFORMED?  SS 2 NO  OW INJURY OCCU	Years  24b. Were autopsy findence analable prior to completion of cause of death?  1 \( \text{Yes} \) 2 \( \text{No} \) No
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions  Macular Degeners  Osteoarthritis  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending investigation  3 Suicide 6 Could not be determined  28a. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  1.  a contributing to death ation  HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month. Day, Year)  28a. PLACE OF INJURY building, etc. (Sp	A CONSEQUENCE  A CONSEQUENCE  but not resulting  tipetient 3 DOA  28b. T	OF):  OF):  26. F OTHER: 4   Nursing Hot NJURY M 1   1   1   1   1   1   1   1   1   1	PLACE OF DEATH (Ch me 5  Residence JURY AT ORK? YES 2 NO	PEI 1 YE  ack only one)  8 Other (Specify)  28d. DESCRIBE H  28f. LOCATION (S. City or Town,)	PREPARED?  SS 2 NO  OW INJURY OCCU	Years  24b. Were autopsy findence Analable prior to Completion of Cause Of Death?  1 Yes 2 No  Red
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions  Macular Degeners  Osteoarthritis  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending investigation  3 Suicide 6 Could not be determined  28a. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  A contributing to death  ation  HOSPITAL:  1 Minpetient 2 = ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp	A CONSEQUENCE  A CONSEQUENCE  but not resulting  tipetient 3 DOA  28b. T	OF):  OF):  26. F OTHER: 4   Nursing Hot NJURY M 1   1   1   1   1   1   1   1   1   1	PLACE OF DEATH (Ch me 5  Residence JURY AT ORK? YES 2 NO	PEI  1 YE  ack only one)  8 Other (Specify  28d. DESCRIBE H  28f. LOCATION (S. City or Town, S.  to the cause(e) end time, date and place	OW INJURY OCCU	Years  24b. Were autopsy finders ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Yes 2 No  RED

Oakland, MD

21550

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Margaret A. Kaiser, M.D. P.O. Box 486

32. REGISTRAR'S SIGNATURE Sia Bridge

31. DATE FILED (Month, Day, Year)
JUL 2 4 1991

1881 - 5 10

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Maryland

1:50

YEAR

9c. COUNTY OF CEATH

1991

2. DATE OF DEATH DAY JUly 22.

7. DATE OF BIRTH (Month, Day, Year) June 3,1912

4. SOCIAL SECURITY NUMBER

219-46-1717

MARY

CATHERINE

6. SEX

1 M 2 KF

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

MIN.

DAYS

RODEHEAVER

6. AGE (In yrs. last birthday)

79

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

5	Maust Personal RESIDENCE OF DECEDENT	Care Home		Accident		Garre	ett
OING OING	Maryland Ga	rrett	- 11	ident			10d. INSIDE CITY LIMITS? 1 YES 2 [V] NO
LONCHAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
	312 N. Main St			21520		U.S	5A
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 — YES 2 X NO Speci	an, Puerto Rican, etc.		4. RACE — American Indian, Black, White, atc. Specify: White
מסוווו בבורה	15. OECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S U (Give kind of wo	rk done during most of working	16b. KINO OF	BUSINESS/INDU:	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak		Own	Home	
ŀ	17. FATHER'S NAME (First, Middle, Last)		THOMEMAK		AME (First, Middle, Ma		
l	William Frazee			011ie	Cuppett	,	
	19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rural			21320
	Dale E. Rodehe			Box 76,310 M			
	1 X Burial 2 Cremetion 3 Re 4 Donetion 6 Other (Specify)	moval from State	other place)	TON (Name of cométery, crematory or Cemetery		LOCATION - CI	
ı	21. SIGNATURE OF FUNERAL SERVICE		ak diove	22. NAME AND ADDRESS OF E	CILITY	lcHenry	
١	Dat D	Dewn		Newman Fune			١.
1	23. PART I. Enter the diseases, o			Grantsville			at, Approximate
	ahock, or heart fellum	. List only one cause on	each line.				Interval Betwe
	disesse or condition resulting in death)	. CATEDIO	- 1285 P	irators t	Allure.		Sudlen
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	Sequentially list conditions,		ENSION B A CONSEQUENCE OF				years.
	if any, leading to immediate cause. Enter UNDERLYING	. 0	A CONSEQUENCE OF				
	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	A CONSEQUENCE OF)				
	resulting in deeth) LAST	d					
	PART II. Other algolificant condition	one contributing to death	but not reaulting in	the underlying cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO
	Denile le	ALMINTIA				S 2 NO	COMPLETION OF CAUSE OF DEATH?
N N		<del></del>					1   YES 2   NO
		1					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		26. PLACE OF OEATH (C		D.	1000
	27. MANNER OF DEATH	1 Inpatient 2 ER/O	Y 26b, TIME		8 (Specify) 28d. OESCRIBE H	7.1	IREO CATE
	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Yea	n) INJU	M 1 YES 2 NO			
	3 Suicide 6 Could not b	28a, PLACE OF INJU	RY — At home, farm, at pecify)	eet, factory, office	28f. LOCATION (St. City or Town, S	reet end Number o	r Rural Route Number,
۱	290. CERTIFIER 1 CERTIFYING PNY	/SICIAN: To the best of my kn	owledge, death occurred	at the time, date end place, end du	e to the cause(e) and	manner as state	•
	one)			in my opinion, death occured at th			
	296. SIGNATURE AND TITLE OF CERTIF	rén /	17	29c. LICENSE N	IMBER	29d. DATE	SIGNEO (Month, Day, Year)
	- lom E	BX	1 mo	D-34	1679	>7	-24-91
	30 NAME AND ADDRESS OF PERSON V	1) 1	_ /		. 11		
	A AMES E	138,7+	281 M	D G-RANTS	11/1/2,	MD.	
	31. DATE FILED (Month, Dey, Year)		GRATURE				
3		A CONTRACTOR AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON	A STREET OF THE PERSON AS A				

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WARYLAND 21203-3146

outlined by the hospital or attending physician.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zoneous after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerable filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examina
	after o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be fleed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	cale
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1. DECEDENT'S NAME (First, Middle, Last		CERTIFIC	ATE OF DEATH	MENTAL HYGIE REG. N		1 21395
I mat, micord, List	)			2. OATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
Russell Boyd				July 24		7:30 P.
219-01-5927  9a. FACILITY NAME (If not institution, give	1 2 M 2 🗆 F	81 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	11/19/19	909	BIRTHPLACE (State or Foreign Country)
Cuppett Weeks Ns		96	CITY, TOWN OR LOCATION OF Oakland	DEATH	9c. COUNTY	rrett
10a. STATE 10b. COUN	TY		OWN OR LOCATION			10d. INSIDE CITY LIMITS?
Md . Ga	rrett	Kitzr	niller 10f. ZIP CODE		10g. CITIZEI	1 ☐ YES 2 ☑ NO N OF WHAT COUNTRY?
Star Route			21538		U.S	5.A.
11. MARITAL STATUS  1 V Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEOENT EYER FORCES? 1 VYES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISP If yee, specify Cuban, Maxi 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Yea or No — 14	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E0 (Specify only highest gra-	PUCATION de completed) College (1-4 or 5 +)	18e. DECEDENT'S US	done during most of working	18b. KIND OF E	BUSINESS/INDUS	
Ukn.	Conege (1-4 or 5+)	Constr	ruction			
17. FATHER'S NAME (First, Middle, Last)			18, MOTHER'S	NAME (First, Middle, Maid	en Surname)	
John Rowan				Alice Moor	1	
19a, INFORMANT'S NAME (Type/Print) Nancy M. Nest	er		press (Street and Number or Run 494 St. Geor			ode)
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ra 4 Donalion 5 Other (Specify)	moval from State	other place)	ON (Name of cometer), crematory of		LOCATION - CIR Oakland	
21. SIGNATURE OF FUNERAL SERVICE L	Bludock	3	Burdock F.H.		itzmill	ler, Md.21538
23. PART I. Enter the diseases, or shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions,	s. terminal DUE TO (OR AS	Lung Car A CONSEQUENCE OF:				t, Approximete interval Betw Onset and Da
if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):				
PART II. Other significent condition Organic br	ain syndro		ha underlying cause given i	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			00 00 00 00 00 00 00	24 1 1 1		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Out		26, PLACE OF OEATH (I THER: Nursing Home 5 - Residence	Total (1)		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		P 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUI	RÉD
a Decision	28a PLACE OF INITIE	RY — Al home, ferm, atre- ecify)	nt, factory, office	281. LOCATION (Stre City or Town, Str		Rural Route Number,
4 Homicide 8 Could not b			January and America	us to the cause(s) and r	nenner as stated.	
4 Homicide detarmined  29a. CERTIFIER (Check only 1 X CERTIFYING PHY	SICIAN: To the best of my kno					
4 Homicide detarmined  29a. CERTIFIER (Check only 1 X CERTIFYING PHY	NER: On the heals of examinal		n my opinion, death occured at t	he time, data and place,	and due to the o	
4 Homicide detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	NER: On the basis of examinals	ion and/or investigation, i	29c. LICENSE N	he time, data and place,	and due to the o	cause(a) and manner as states

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMONE, MARYLAND 21203-3146

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III THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Cours after death. Page 6 Text in the most than the	ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors as a strong the de- ine filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	necessary is the on the median of them 22 shows now internation of the modified of an

	FOR 1 - STATE REGISTRAR	STATE OF MARY					EALTH AND I	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			TIME OF DE	ATH
	JOHN ANTHO	NY ROONE	Y					JU:		199	AR .	1:00	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest	birthday)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH	8.1	BIRTHPLA Country)	CE (State or	Foreign
	271-03-3543 9a. FACILITY NAME (If not institution, give s	1 M 2 F	71	YRS.	MONTHS	131,472	HOURS MIN.	02-	10-1920		ennsy	/lvani	a
DIRECTOR	Malcolm Grow USA		enter				Air For		Base	Prince			5
E C	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCATION	ON				10-	d. INSIDE CI	гу
L DIR	Maryland St. N	Mary's		Mec	han	icsvi				40- CITIZEN		LIMITS?	
FUNERAL						109. CITIZEN OF WHAT COUN  20659  U. S. A.							
2	11. MARITAL STATUS	P.O. BOX 999		MED	1 12	WAS DECE	NDENT OF HISPAN		N2 /Specify Vee				dian
	1 Never Married 2 Married	12. WAS DECEDENT, EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 N	0		If yes, spec	elty Cuban, Maxica 2 ANO Specifi	n, Puarto	Ricen, alc.)	Or 140-		American In hita, etc.	siari,
BY	3 Widowed 4 Divorced	1 <del>936</del> - 1 <del>95</del>	5-/193	8_19	57	1 L TES	2 ZMNO Specify	A:		1	Specify:	White	,
<b>a</b>	15. DECEDENT'S EDU	CATION	18a, DEC	CEDENT'S	USUAL C	CCUPATIO	N	16	Defer	ise	7		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(GA	Do NOT us	work done se retired.)	during mos	t of working	G	Defer entral	Intell	Liger	nce Ag	jency
릴	12	2	Phot	o In	tel:	ligen	ice Man	<del>U</del>	. S. G	vernme	ent		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			_			16. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)			
BE C	Leo Aloysius	Rooney					Anna I	Pfei	ffer				
	19a. INFORMANT'S NAME (Type/Print)		19b	MALING	AODRES	S (Street an	nd Number or Rural	Route Nur	nber, City or Tow	n, State, Zip Co	de)		
2	Janice V. Rooney		$P^{\circ}$	O.BC	X 9	99 Me	nd Number or Aural e chanics	ville	e, Mary	/land	2065	59	
	20a. METHOD OF DISPOSITION		20b. PLACE (	OF DISPOS		_	etery, crematory or			CATION — City		Stata	
	1 Burial 2XXCremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other pla		e Cı	remat	ory		Cli	nton,	Mary	yland	
	21. BIGHATURE OF TUNERAL SERVICE LIC	CENSEE			22.	NAME AN	O ADORESS OF FA		D.		*	T	
	Joseph Br	into the	9-				old Alexa	ande.		Rd.,0	Clin		
	23. PART i. Enter the diseases, or ahock, or heart fallure.	complications that cour	sed the da	ath. Do r	not ente	r the mod	de of dying, suc	h as ca	rdiec or resp	ratory errest	,	Approxi	
	iMMEDIATE CAUSE (Finel	List only one-ceuse or	each line.	•									Betwesn nd Desth
- 1	disease or condition resulting in deeth)	METASTATI	C PRO	STAT	E CA	NCER							
	restuting in deetil)	DUE TO (OR A								-			
z	(Lection company) or technology	lelly list conditions b.											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate												
2	CAUSE (Disease or injury	с										-	
띮	that initiated evente resulting in death) LAST	DUE TO (OR A	S A CONSEC	DUENCE O	F):								
#	readiting in death) CAST	d										-	
	PART ii. Other algnificant condition	na contributing to death	but not re	esuiting	in the u	nderlying	ceuse given in	Part I.	24a, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY	FINDINGS
CAL									PERFO			MILABLE PRIC	
								_	1 TYES 2	X NO		DEATH?	
Σ											1	YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEATH (CA	hack only	nne)				
PHYSICIAN: MED	EXAMINER?  1 YES 2 NO	HOSPITAL:	tunanta at a	□ 004	OTHE	R:							
ž I	27. MANNER OF DEATH	28a. DATE OF INJUR		28b, TIM	E OF	28c, INJU	5 Residence		. (., , ,	NJURY OCCUR	RED		
	1 Natural 8 Pending	(Month, Day, Yea		IN.	JURY	WOI	RK? 'ES 2 NO			CRIBE HOW INJURY OCCURED			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJU	JRY — Al ho	ma, farm.	street, fac						te Number		
9	3 Suicide a Could not be 4 Homicide detarmined	building, etc. (S	Specify)			,		Cit	y or Town, State,	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COMPLETED	29a. CERTIFIER												
MP	(Check only 1 K CEHTIFYING PHYS	ICIAN: To the best of my kr											
8			RHOFT MINGZOF I	шлавтіфакн	on, in any	opinion, or	eath occured at Int	time, da	ta and piace, at	id due to the c	ause(a) a	nd manner a	atated.
BE	286. BIGHATURE AND TITLE OF CERTIFIE	Charles de	cyor	115	45	MC	29c. LICENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Ye	ar)
10	- Consuct /		/1										
	30 HAME AND ADDRESS OF PERSON WH				, Print)		ALCOLM G						
	HAROLD C. DAVIS					AN	NDREWS .	AFB,	MD	20331-	5300		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE	<u></u>									

permit. Pages 1, 2, 3 should

notified at once.

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral difference.		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b	
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letely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	int, th	
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	)	CERTIF	ICATI	E OF DEA	In	REG. NO.		3. TIME OF DEATH
MARY C	ATHERINE	ROUTZAH	IN			July 21,	1991	11:00 P.
4. SOCIAL SECURITY NUMBER 214-09-6077	5. SEX 8. AGE	(In yrs. lest birthdey)	IF UNDER	DAYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) August 24,	1902	BIRTHPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY	r, TOWN OR LOCAT	ION OF D			Y OF DEATH
170 South Pr	ospect Stree	t	H	lagersto	wn		Wa	shington
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TV	100 CIT	V TOMBI	OR LOCATION				444 WEIDE OFF
	ashington	100, 011		erstown				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
10e. STREET AND NUMBER			mage	101. ZIP COL			10g. CITIZE	N OF WHAT COUNTRY?
170 South Pr	ospect Stree	t		2:	1740			U.S.A.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO			en, Mexic	NIC ORIGIN? (Specify Yea en, Puerto Ricen, etc.) ffy:	or No 14	Black, White, etc.  Specify: White
A 15. DECEDENT'S ED	UCATION	16a, DECEDENT'S	LISUAL O	CCUPATION		16b. KIND OF BUS	INESS INDIES	
(Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done	during most of work	ing	IOU. KIND OF BOS	INESSTRUCS	o i n
8		Home	make	er		Own	home	
17. FATHER'S NAME (First, Middle, Last)				16. MO	THER'S N	AME (First, Middle, Malden	Surname)	
Howard	(NMN)	Fridir	ger		Cora	a (NM	M)	Paden
19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Town		
Isabel M. Fridi						St., Hagers		
1 DyBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)		eme of cemetery, cre Cemetery				y or Town, State, Wash., Md.
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	DOOLISDC		NAME AND ADDR			ISDOLO	, wash., ru.
1 204	O. Brade					ffman Funer		
700	- Journal of	P	4	O E. An	tieta	am St., Hag	ersto	wn, Md. 21740
23. PART I. Enter the diseases, or ahock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	b. List only one cause on	each line.	Tana	lial d	rilo	return	ratory arres	Approximate Interval Betwee Onset and Daa
Sequentielly list conditione, If any, leading to immediate ceuse. Enter UNDERLYING	b. DUE TO (OR AS	A CONSEQUENCE OF	The Ed	ronay	1	Verseld	nia	ie 10 year
CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE O	F):					
PART II. Other algnificent condition	one contributing to deeth	but not resulting	in the u	ndarlying ceuse	given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH?
								1 TYES 2 NO
			OTHE	28. PLACE OF	DEATH (C	hack only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					A		
EXAMINER?  1 YES 2 NO	1 Inpatient 2 II ER/Ou			reing Home 5	looidanca			
EXAMINER?  1 YES 2 NO  77. MANNER OF CEATH  1 Resural S Fanding	1 Inpatient 2 I ER/Ou  28e. DATE OF INJUM (Month, Day, Year)	28b. TIN		28c. INJURY AT WORK?		26d. DESCRIBE HOW II	NJURY OCCU	RED
EXAMINER? 1 YES 2 NO 27. MANHEN OF GEATH	1 Inpatient 2 I ER/Ou  28e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY	28b. Tih	IE OF JURY M	28c. INJURY AT WORK?				

4a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO				
YES 2 NO	DF DEATH?				
	1 T VES 2 T NO				

A	Δ	/31		
DE. SIGNATURE AND TOTAL OF CENTIFIER	D	MALLA	29c. LICENSE NUMBER	29d, DATE SIONED (Month, Day, Year)
	II AMA MARKET	I MM/W	14 7 201 7 7	1 1 1 1 1 1 1 1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

null Month, Day, Yes 32. REGISTRAR'S SIGNATURE

Julia Davidson Pandale

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OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	amproved. A than this assertionable has a stranging abusiness and correlated filled in the then the
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The state of attending physician.	and though de outached for use as the burial-transit permit. Pages 1, 2, 3 should	be notified at once.
TO THE HUSPITAL DR ATTENDING PHISICIAN: THE TAW REQUIRES THAT UP DEADLY COLDINATE OF EXECUTED WITHIN 24 HOURS AFTER DEADLY. PAGE OF THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, put be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must I

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
Commis Ellas DEVNOLDO	T

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGII			
1. DECEDENT'S NAME (First, Middle, Last)	Carrie El			DEATH	2. DATE OF DEATH MONTH July 22	DAY	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8 BIDTHDI A	CE (State or Foreign
219-07-2536	1 □ M 2 🖾 F 80	YRS.	IONTHS DAYS	HOURS MIN.	Dec. 17,	)	Country)	es sent the
9a. FACILITY NAME (If not institution, give at		9	Db. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	ITY OF DEAT	н
Washington County	Hospital		Hage	rstown		Was	hingt	on
10a. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCA	TION			100	d, INSIDE CITY
Maryland Washi	ngton		gerstow					LIMITS?
10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZ	ZEN OF WHA	T COUNTRY?
903 Hamilton Boul	evard			21740			USA	
11. MARITAL STATUS 1 Never Merried 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, so	CENDENT OF HISPA pecify Cuban, Maxico 2 2 NO Specif	NIC ORIGIN? (Specify an, Puarto Rican, atc.) fy:	Yea or No	14. RACE — Black, W Specify: White	
15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wo life. Do NOT use housew	rk done during mo retired.)	ON ost of working	16b, KIND OF	BUSINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last) Elison T. Keefer				Bessi	e Drury			
Charles R. Reynol	ds	195. MAILING A	North	Street,	Route Number, City or Waynesbo	ro, Pa	. 217	68
20a. METHOD OF DISPOSITION 11 Burlai 2 Cremation 3 Remo		PLACE AND DATE OF				LOCATION — C		State Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA				
· Dad	Mins	ruch		CH FUNER	AL HOME Blvd. F	lacaret	Orm	MA 217//
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.  DUE TO (OR AS A 6	CONSEQUENCE OF:	DM					Interval Batwee
			ASC	VO.				12
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other algoriticant condition		t not reaulting in	the underlyin	g cause given in	PER	AN AUTOPSY FORMED? S 2 PNO	CO OF	ERE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
							- 1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C				900
1 YES 2 DATO	1 Inpatient 2 ER/Outpa				a Other (Specify)			
1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	CURED	
2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, atc. (Specif	— At home, farm, str		- 77	261. LOCATION (Str. City or Town, S		or Rural Rout	e Number,
ama)	CIAN: To the best of my knowle R: On the basis of examination							nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	Dette MO			29c. LICENSE NU			E SIGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHI				+6 ERS-TO	SWN MI	2174	- D	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA				, , , ,			179
JUL 24 '91	Julia Davidson-V							

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR				CERTIF	ICATI	E OF	DEAT	Ή		REG. NO			
	1. DECEDENT'S NAME (First, A	Aiddle, Last)									F DEATH			. TIME OF DEATH
	DANIEL S.	J. RO	OHRER SR.							Jul		4 1	991	5:45 P. M
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs.	lant birthdaut	IF UNDER	14 VEAR	# UNDER	24 1420	7. DATE C	4		-	ACE (State or Foreign
	214-09-2825		1.⊠ M 2 □ F	82	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year) 8, 19	- 1	Mary	
	9s. FACILITY NAME (If not inst	itution, give s	treet end number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE				TY OF OEA	
FUNERAL DIRECTOR	Washington (		y Hospita	1		Hag	gers	town				Wash	ingto	on
မှု		10b. COUNT	Y		10c. CI1	TY, TOWN	OR LOCAT	TION					1	Od. INSIDE CITY LIMITS?
ā	Maryland	Wash:	ington		H	ager	stow	n						X YES 2 □ NO
₹I	10e. STREET AND NUMBER						101	. ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?
	327 Pangborn	n Blv	d					2174	10			U.	S.A.	
B	11. MARITAL STATUS 1 Never Merried 2 Nover Merried 2 Nover Merried 2 Nover Merried 2 Nover Merried 1 Nover Merried 1 Nover Merried Nover Merried 1 Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Merried Nover Mer		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ENDENT O ecify Cuber 2 X NO	n, Mexicen	n, Pusrlo R	(Specify Yelicen, atc.)	or No—	14. RACE - Black, Specify:	- Americen Indien, White, etc. White
COMPLETED	15. DECEI (Specify only)	DENT'S EOU	CATION (Completed)	16a	DECEDENT'S	USUAL O	CCUPATIO	ON of of workin		18b.	KIND OF BU	SINESS/IND	USTRY	
ا ا	Elementary/Secondary (0-1		College (1-4 or 5	)	(Give kind of life. Do NOT u	ise retired.)	during inc	iat or working	<b>V</b>					
틸	8 yrs.				Parts	Mana	ager			Au	tomob	ile D	eale	rship
Ő.	17. FATHER'S NAME (First, Mid	die, ("ast)						18. MOTH	IER'S NAM	ME (First, M	iddle, Malden	Sumame)		
BE	Samuel J.	. Ro	ohrer					7	7ergi	le	May	Poff	Slif	ers
	190. INFORMANT'S NAME (Typ	oe/Print)			19b, MAILING	G ADDRES	S (Street a	and Number	or Rural R	loute Numb	er, City or Tow	n, State, Zip	Code)	
2	Daniel S.J.	Rohre	er Jr.		16 R	osew	bod	Drive	e Ha	agers	town,	Mary	land	21740
	20e. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremation 4 □ Donetion 5 □ Other (5	3 🗆 Rem	oval from Stata	of cerne	ACE AND DAT	e of disp	POSITION	(Name	rk 7.	DATE	20c. LC	cation - c	City or Town	n, state Maryland
	21. SIGNATURE OF FUNERAL		CENSEE	ccua	T TECAM			ND ADDRES						
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			iery//a											cyland
	23. PART I. Enter the dis	eeses, or e	complications the	caused the	deeth. Do	not ente	r the mo	de of dyl	ng, such	ee cerd	ac or reep	iratory arn	eet,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine disease or condition		A CU	ite	My	o ca	20	lial	2 8	fa	rel	usi		Onset and Death
	resulting in daeth)		DUE TO	(OR AS A COR	SEQUENCE O	OF):	1		,	0				
z I	an annual contracts		. Ulu	cont	15th	1	1	ial	o ef	25	Me	e,ce	ite	
CERTIFICATION	Sequentially list condition if any, leading to immed	ns,	OUE TO	(OR AS A CON	ISEQUENCE (	OF):				7 1				
ĕ I	cause. Enter UNDERLYIN CAUSE (Disease or Injur	IG		ages			ta	N	- F	oy (	are			
Ē	that initiated events		DUE TO	(OB AS A CON	SEQUENCE (	OF):								
E	resulting in death) LAST		d											
	PART II. Other eignifican	t condition	ne contributing to	death but n	ot consisting	In the s	m al a ula al m		-luca la l	Book 4			I an a	
EDICAL	TART II. Other agrinical	it condition	- Contributing to	daedi but ii	ot resulting	m ma u	ngeriyiri	g ceuse (	given in i	Part I.	24a. WAS AN PERFO	RMED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä	-											/		TES 2 DANO
-	200													
₹	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF D	EATH (Che	eck only on	9)			
ဗ္ဗ	EXAMINER?  1 YES 2 XNO		HOSPITAL:	ER/Outpation	nt 3 🗆 DOA	OTHE		ne 8 🗆 Re	sidence	8 □ Other	(Specify)			
PHYSICIAN: M	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TH	ME OF	28c. IN.	JURY AT	T		CRIBE HOW	INJURY OCC	CURED	
BY P	1 Netural 8 P	ending restigation	(Month, E	lay, Year)	IN	JURY M		YES 2	] NO					
ا ہ	3 Suicide 8 C	could not be etermined	28e. PLACE C building,	of INJURY — A	it home, farm,	street, fac	tory, offic	e .			ATION (Street or Town, State		or Rural Ro	ute Number,
<u> </u>	290. CERTIFIER	EVINO BUNG					-	s-burn	Solitzania	Ilian Inc.		eta e teo filos		
COMPLETE	and and		ER: On the basis of e											end manner as stated.
BEC	296. SIGNATUBE AND TITLE	OF CERTIFIE	R M	1)				29c, LICE	ENSE NUM	ABER 4 9		29d. DATE	SIGNED (	Month, Day, Year)
၉	30. NAME AND ADDRESS OF	DEBSON MI	O COMPLETED CALL	SE OF BEATH	STEM 27 CT	a Drings		-		( /			/ /	// //
	30. NAME AND ADDRESS OF	8/fy	2 Mi	5 3°	76	7)	40	57	-	Ha	PRE	51	202	MD21

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pare officials be required by the attending physician and completely filled in by the funeral officer, and the detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
JUL 26 '91

32. REGISTRAR'S SIGNATURE the Davidson-Rondows

repained by the hospital or attending physician.

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4. SOCIAL SECURITY NUMBER 225-28-9838	5. SEX 1 → M 2 □ F	6. AGE (In yes, lest .	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	F BIRTH /5/192	3	8. BIRT	HPLACE (SI	ate or Foreign
9e. FACILITY NAME (# not institute  Memorial RESIDENCE OF DECED				9b. CITY	Cum	R LOCATION DE L				9c. COU	A11e	oeath egany	
10e. STATE 10b	COUNTY INDEPENDENT	CITY		Y, TOWN O	OLK	ION				Т		10d. INSI	
1314 FRANK	ST.				10f.	zip con	518				IZEN OF	WHAT COU	NТЯY?
11. MARITAL STATUS 1 Never Married 2 Marria 3 Widowed 4 Divorced	ried FORCES?	ENT EVER IN U.S. ARM 1 YES 2 NO WAR OR DATES	MEO O			city.Cubs		n, Puerto R	(Specify Yes can, etc.)	or No—	Spe	CE — Americk, White, and	tc.
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17. FATHER'S NAME (First, Middle, ROBERT OULD	RICE					18. MOTI	HER'S NA	ME (First, M AIRE	(DOT)	Symame) RI	CE		
190. INFORMANT'S NAME (Type/F JEAN ELIZABE	TH YON RICE	190.	314°	FRAN	K <sup>sr</sup> 51	nd Number	RPOI	Aguto Nurab	City or Tour	3518	Code)		
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23. PART I Enter the disea shock, or heart immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. 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Do r	22.	name as CUN the moderiying 26. PL R: raing Hom 28c. INJ	g cause	given in	Part i.	ERAL I 21 502 sc or respi	AUTOPSY MEO?	rest,	Ap int On On Application of Deart Of Deart On Application of Deart Of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On Application of Deart On	proximate erval Betwee est and Deat interpretation of the property interpretation of the property interpretation of the property interpretation of the property interpretation of the property interpretation of the property interpretation of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province o

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Poonai-955 Frederick Street-Cumberland. MD Vik JUL 2 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	
L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	ge 6 may be retained by the hospital or attending physician.	1
L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1, 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lirector, page 5 should be detached for use as the burial-transit permit	Pages 1

TO BE COMPLETED BY FUNERAL DIRECTOR

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A	5	s at	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic evenl, the medical examiner must be notified at once.
8	JIRE	OUR	E
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIAIE UF I	MARTLA	CERTI					MENI	AL HYGIEN REG. NO.	Ė	2 1	21401
1. DECEDENT'S NAME (First, Middle, L.	est)							2, DA	TE OF DEATH		YEAR	3. TIME OF DEATH
Henry	Ray			Rob	inet	te i	Jr.		1v 1		991	6:20A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (/	n yrs. last birthda		DER 1 YEAR	_	R 24 HRS.		E OF BIRTH onth, Day, Year)		8. BIRTI- Counti	IPLACE (State or Foreign
233-34-3757	XXX M 2 D F	65	YRS.	МОМТН	B DAYS	HOURS	MIN.		-23-192	26	W	
9n. FACILITY NAME (If not institution, g	ive street and number)			9b. C	ITY, TOWN	OR LOCAT	ION OF D	EATH		9c. CO	UNTY OF D	EATH
Memorial Hospit	tal & Medi	cal (	Center	Cu	mber:	Land				_A1	lega	nv
RESIDENCE OF DECEDENT 10a. STATE 10b. CO				WOT YTE	N OR LOC	TION						10d. INSIDE CITY
MD Allec					land							LIMITS?
10e. STREET AND NUMBER	Jany		JCui	iber.		of, ZIP COO	DF.			10a. CI	TIZEN OF Y	1 YES XX NO
Route 1 Box 29						1502				US		
11. MARITAL STATUS 1 Never Married XX Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN YES WAR OR DA	U.S. ARMED 2XXINO TES		If yes, a		en, Mexico	an, Puar	GIN? (Specify Yai to Rican, etc.)	or No—	Spec	E — American Indian, k, White, etc. hite
15, OECEDENT'S (Specify only highest g	EDUCATION trade completed)		18a. DECEDENT	of work do	ne durina n	TION nost of work	dna	1	16b. KIND OF BU	SINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT	use retire	d.)				** . 7	-		6 6 7 7 7
1.2	A		compu	iter	prog	ramm	er		Nat1.	Bur	reau (	of Standards
17. FATHER'S NAME (First, Middle, Last									t, Middle, Meiden			
Henry R. Robin	ette, Sr.					_			ude Ski			
19a. INFORMANT'S NAME (Type/Print) Mrs. Sandra K.	Robinette								umber, City or Tow Prove Ci			, MD 21502
20e. METHOD OF DISPOSITION  4 Durial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State		PLACE AND OF					1			- city or To	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	-   -					ESS OF F		10			
· acmes	7 100		11.						1 Home 21502			
23. PART i. Enter the diseases,	or complications the	at caused	the death. De	o not en	ter the m	ngdin of d	ying, aud	ch aa c	ardiac or resp	iratory a	errest,	Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one can	M	mond	nn	yt	m	us	1				Interval Between Onset and Death
	r. Our	MA ON A	Way	T	all	ul	2					
Sequentially list conditions, if any, lesding to immediata cause. Entar UNDERLYING	mil	CH AS A	CONSEQUENCE	OFI	in	20	Ad	im	CAN	PS	mo	
CAUSE (Disease or Injury that initiated events	o Due to	(OR AS A	CONSEQUENCE	On C	1111		1 10-0	1110	1/	Ve	,	
resulting in death) LAST	4								/			
PART II ON I Min A		4 .4 .										
PART II. Other algorificant cond	itions contributing to	death b	ut not reaultin	ig in tha	underlyi	ng cause	given ir	n Part i.	24a. WAS AN PERFO		Y 248	AMILABLE PRIOR TO
HXS	COPD								1 TYES	NO		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AT 1990 CASE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CESSY I A		IER:	PLACE OF						
1 YES 2 NO  27. MANNEB-OF DEATH	1 2 Inpatient 2		_				Residence	-	ther (Specify)			
1 Natural 5 Pending 2 Accident Investigat		Day, Year)		TIME OF INJURY N	V	NJURY AT VORK? YES 2	□ NO	28d.	DEŞCRIBE HOW	INJURY C	CCURED	
3 Suicide 6 Could no	28e. PLACE (	OF INJURY , atc. (Spec	— At home, fari	m, street,	factory, of	lica		28f. I	OCATION (Street Sity or Town, State	and Numl	ber or Rural	Route Number,
29a. CERTIFIER			3311					_				
(Check only	MINER: On the basis of											a) and menner as stated.
29b. SIGNATURE AND THE OF CERT	TIFIER					29c. Li	CENSE NU	JMBER		29d. D	ATE SIGNE	O (Month, Day, Year)
an du	m	M				D	160	)41		•	7.2	3-91
30. NAME AND ADDRESS OF PERSON Dr. T. Willia					edic	al Ru	1141	no	Cumber	1 and	MD	21502
31. DATE FILED (Month, Day, Year)				al II	Culco	.I. DU	.1141	6,	Jumper	Lanc	, 111	21302
JUL 2 4 1991	gratia Davidson	n-Han	della									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	O THE HOSPITAL OR ATTENDING PHYSICIAN; The
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	HOSPITAL
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	1 - FOR STATE REGISTRAR		/ DEPARTMENT OF HE		HYGIENE REG. NO.	91 21402
	1. DECEDENT'S NAME (First, Middle, Last)  SALA  4. SOCIAL SECURITY NUMBER	t ROU?		MONT	7 23 91	S. TIME OF DEATH S. 22 AM SIRTHPLACE (State or Foreign
	98. FACILITY NAME (If not institution, give s	1 M 2 D F 56  troot and number)  Medical C+1	YRS.	LOCATION OF DEATH	1. Day, Year) 3 4 12 13 4 9c. Journey	Batt, City OF DEATH
t. Pages DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 VES 2 NO
burial-transit permit.	10. STREET AND NUMBER  12 + 3 Boy  11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		IP CODE  21658 IDENT OF HISPANIC ORIGIN		N OF WHAT COUNTRY?  ) S A  I. RACE — American Indian,
as the bu	1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDU	FORCES? 1 124 YES 2 IF YES, OIVE WAR OR DATES	NO If yes, speci	ty Cuban, Mexican, Puerto N:NO Specify:		Specity: Black
once.	(Specify only highest grade	completed)	Give kind of work done during most ife. Do NOT use retired.)	of working	. KIND OF BUSINESS/INDUS	STRY
ed at	17. FATHER'S NAME (First, Middle, Last)  19e. INFORMANT'S NAME (Type/Print)	Rouzen	5 L., 19b. MAILING ADDRESS (Street and	18. MOTHER'S NAME (First,	de Rou	2 e L
page 5	20a. METHOD OF DISPOSITION  1 P Burlal 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from State 20b. PLAC	EE OF DISPOSITION (Name of camer	Pary, crematory or	20c. LOCATION — CH	y or Town, State
funeral din	21. SIGNATURE OF FUNERAL SERVICE LI	e C. He	22. NAME AND	ADDRESS OF FACILITY	V. Can	b. Nd
sician and completely filled in by the nior to burial, cremation, or removal traumatic event, the medical ATION	23. PARTU Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. SQDS S  DUE TO (OR AS A CONS	SEQUENCE OF):	o of dying, such as car		tt, Approximete Interval Between Onset and Death
or other	CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	d. DUE TO (OR AS A CONS	SEQUENCE OF:	5		`\
has been signed by the after Dept. of Health and Mental 123 shows any injury, or AN: MEDICAL CE	Hyper tens ion	es contributing to death but no		csuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? VSS 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State has b State Dept Item 23 SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	OTHER:	CE OF DEATH (Check only of		
with the	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 100 28c, INJURY WORI 1 YE	RY AT 28d. DE (? S 2 NO	SCRIBE HOW INJURY OCCU	
DIRECTOR: hours after item 28 i	3 Suicide a Could not be determined  29a. CERTIFIER (Check only)	building, etc. (Specify)	home, farm, street, factory, office death occurred at the time, data a	City	CATION (Street and Number of or Town, State)	
TO THE FUNERAL DIRECT De filed within 72 hours a IMPORTANT: If item 2 D BE COMPLET	onal	ER: On the basis of axamination and/	or investigation, in my opinion, dea		a and place, and dua to the	
/	30. NAME AND ADDRESS OF PERSON WI	in MD c	lo Univ of	mp midica	Systen B	22 S. Gree alt MD 21201
φ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			*	DHMH-16 Rev 1/85
ROLLS RT 3	ER.ISAIAH EOX 21 NSTOWN	03 035 D 21658	0 41 7			

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			ENTAL HYGI REG.		
	1. DECEDENT'S NAME (First, Middle, Lest)  GERALDIN	Geraldine Mai √€ M.	rtha REES	MAN MAN	)		27/91 YE	3. TIME OF DEATH
	220-10-3980 1	□ M 2 🖾 F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea March 2.	5,1918 Ma	BIRTHPLACE (State or Foreign Country) aryland
TOR	99. FACILITY NAME (If not institution, give street Western Maryland Center RESIDENCE OF DECEDENT	C. C. H. P. S. S.			OWN, MD	TH	9c. COUNTY Washir	
BY FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	hington		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 & YES 2 NO
	100. STREET AND NUMBER 13 South Cannon A	Avenue		10f. ZIP CODE 21740				S.A.
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.: FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	≥ K NO	It yes, spe	ENDENT OF HISPANIC Policy Cuben, Mexican, 2 NO Specify:			RACE — American Indien, Black, White, stc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)  0-9	rion 16. mpleted) College (1-4 or 5+)						
BE CON	17. FATHER'S NAME (First, Middle, Lest) Howard E	. Reesman			16. MOTHER'S NAM Ge 1		alden Surname) Griffith	
10	190. INFORMANT'S NAME (Type/Print) Mrs. Margaret C. Ha	artman			ond Number or Rural Ro Street, Ha			
i	20a_METHOD OF DISPOSITION 1	her place)	CE OF DISPOSITION (Name of commetery, crometory or r place) irfield Union Cemetery			20c. LOCATION — City or Town, State y Fairfield, Pennsylva		
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AN	ND ADDRESS OF FACI	LITY Minr	nich Fune	eral Home cown, Maryland
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PI THER: Nureing Hom F 28c. INV M 1 1 ot, factory, offic	cause given in F	Part I. 24a. We PE 1 YI 24d. Describe in Yi 28d. Describe in City or Town, to the cause(a) en ime, data and place.	AS AN AUTOPSY REFORMED? ES 2 NO  Official Properties of Number or State)  d manner se stated. ca, end due to the c	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO

31. DATE FILED (Month, Day, Year)

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46	physician, burial-transit permit. Pages 1, 2, 3 should
BALTIMOPE, MARYLAND 21203-3146	death, Pagn must be interest by the hospital or attending the funeral dimes, then a property of or use as the same second or use as the examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 moves after death. Page in maybe interest by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral difference of the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be traited at once.

	nedistran		011	THILL		050	111	NEC	a. NO.		
	DECEDENT'S NAME (First, Middle, Last)  T	m	RASIN				MONTH DAY YEAR 2			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	leanor Brow	the to a bit					July 10, 1991		HPLACE (State or Foreign	
			(In yrs. lest bi	MONT	HS DAYS	HOURS	MIN.	(Month, Day, Year)		Coun	yland
	212 18 7371 9a. FACILITY NAME (If not institution, give st	21 /	3 Yrs.					Nov 5,			
ا ي	At Home 205 Valle		96. COUNTY OF DEATH Chestertown  Section 196. County of Death Kent								
6	RESIDENCE OF DECEDENT	y Road		One de l'education de la contraction de la contr							
ည္က	10a. STATE 10b. COUNTY		[3	10c. CITY, TOV							10d. INSIDE CITY LIMITS?
ਙ	Maryland Ke	ent		Ches	terto	νn					1 X YES 2 NO
AL	10e. STREET AND NUMBER				10	. ZIP COD	E		104	g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	205 Valley Road					2162	20		יט	SA	
ا يَ	11. MARITAL STATUS Married 12. WAS DECEDENT EVER IN U.S. AR			0				ORIGIN? (Spec		14. RAC Bla	CE — American Indian, ck, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR	DATES	No l		2   NO		No		Spe	White
	15. DECEDENT'S EDUC	CATION	_	DENT'S USUA	LOCCUPATION	201		ARE KIND	OF BUILDING	SS/INDUSTRY	
	(Specify only highest grade	completed)	(Give	kind of work do NOT use retin	one durina ma	st of worki	ing	IOU. KIND	OF BUSINES	33/110031111	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Но	usewif	e						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	E (First, Middle, I	Maiden Surni	ema)	
	Hollis R. Bro	own				Lu	cv Wi	11iams			
H	.19a. INFORMANT'S NAME (Type/Print)		19b. 8					ute Number, City			
ᄋ	George B. Rasin	Husband		205 V	alley	Roa	d Ch	estert	own,	Md. 21	620
	METHOD OF DISPOSITION By	urial 2	0b. PLACE OF	DISPOSITION	(Name of ce	metery, cre-	metory or	201)		ON — City or	
	4 🖸 Donation 6 🗆 Other (Specify)		Ches	ter Ce	emeter	у (/	//13/1	1991)	Chest	ertown	1, MG.
	21. BIGHAYUNE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	ND ADDRE	SS OF FACI	LITY	P.O.	Box #	264	
		Ulis (1)	200	J. Willis Wells Chestertown, Md. 21620						Md. 21620	
	23. PART Finer the disesses, or o mock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on	eech line.							ery errest,	Approximate Intervel Between Onset and Death
- 1	disease of condition resulting in death)  • ACUTE MYOCARDIAL IN FARCTION  Due to (or as a consequence of):										
		DUE TO (OR AS	A CONSEOU	ENCE OF):	100-			2 2			
8	Sequentially list conditions,	DUE TO (OR AS	EKO7	ENCE OF:	AKDI	OVAS	CULA	IS DI	SEAS	E	
¥	If eny, leading to immediate cause. Enter UNDERLYING										j
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  CAUSE (Disease or Injury that initiated events										
	resulting in death) LAST	d									
	DARY it Other significant condition	on another than to death	hut not are				-11				
뒭	PART II. Other significant condition	s contributing to death	out not res	sulting in the underlying cause given in Part				MAS AN AUTO PERFORMED		b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE	
MEDICAL			<u></u>					10	YES 2	NO	OF DEATH?
_							-	-			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				00.0	ACE OF	DEATH AND	t ant a1			
ᅙ	EXAMINER?										
¥	27. MANNER OF OEATH	1 Inpatient 2 ER/O	-	28b. TIME OF		JURY AT		28d. DESCRIBE	**	RY OCCUREO	
	1 Netural 6 Pending	(Month, Day, Year	)	INJURY	W	ORK? YES 2		,			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJU	RY — At home	e, form, street,				281. LOCATION		Number or Rura	Route Number,
빌	4 Homicide determined	building, etc. (S	pecify)					City or Town	n, State)		
<u> </u>	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedoe deati	h occurred at t	the time det	and plac	e and due to	o the cause(s) s	and manner	no stated	
COMPLETED	one)	R: On the basis of examinat									(e) and manner as stated.
	29b. SIGNATURE AND TITLE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	/					ENSE NUME				D (Month, Day, Year)
BE	ALAN	to M	P			7	341			> 7	11191
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM :	27) (Type, Print)		$-\nu$	211				11111
	JOHN D. MILT					213	Tru	150n,	md.	212	0 4
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE				10.	7			
0	JUL 15 '91	Julia Davi	dson-Ro	indelle							

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after empt.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inner certificate be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examples in
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	FOR STATE REGISTRAR	STATE OF M					EALTH AND I	MENTAL HYGIENE REG. NO.	9	1	21405
	1. DECEDENT'S NAME (First, Middle, Last) Helen, Reiter			T.	9			2, DATE OF DEATH MONTH DATE  June 28		R	8 49 D M
	4. SOCIAL SECURITY NUMBER	IRITY NUMBER 5. SEX 6. AGE (I			IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH A. BIRT		RTHPLA	CE (State or Foreign
	214-28-2023	1 - M 2 XF	84	YRS.	MONTHS	DAYS	HOURS MIN.	Aug 23, 190	)6   ~	ountry)	PA
	9e. FACILITY NAME (If not institution, give str	set and number)		1	9b. CITY,	TOWN (	R LOCATION OF DE	4	9c. COUNTY C	F DEATH	1
5	Kent & Queen Ann	es Hospi	tal Inc		Ch	est	ertown	100	К	ent	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c CI1	ry, TOWN O	B LOCAT	TON				I. INSIDE CITY
DIMECTOR	MD Kent				Milli						LIMITS?
	100. STREET AND NUMBER			1	11111	_	ZIP CODE		10g. CITIZEN		
FUNERAL	Box 9A, Rt #1						21651		-	SA	000111111
ž	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. AR	MED	13. V	MAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes			American Indian.
BY F	1 Never Married 2 Married  3 X Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 1	10			ecity Cuben, Mexica ZXNO Specify	n, Puerto Rican, atc.)		Specify:	American Indian, hite, etc. White
ETED	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .	16b. KIND OF BUS	INESS/INDUSTF		
<u>.</u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	) Ife	Do NOT u	work done o	turing mo	st of working				
₹	7		He	omema	aker			Hon	æ		
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Malden S	Surname)		
n n	John Erhart						Gaze1	la Pekarovi	.ch		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e	nd Number or Rural I	Route Number, City or Town	, State, Zip Code	)	
-	Alice Lloyd							ngton, MD	21651		
	20e. METHOD OF DISPOSITION 1. Burtal 2 Cremetion 3 Remo	Buriel 2 Cremetion 3 Removal from State					(Name	DATE 20c. LOCATION — City or Town, State			
	4 Donation 5 Other (Specify)	NGEE	ASOU	ry Cemetery or other place)  22. NAME AND ADDRESS OF FACE			7/1/\$1 Millington,MD			Culv	
	11	7 ,					vs Funera				
	Dary B 7	ellon	15					s St., Mill		,MD	21651
	23. PART I. Entar the diseases, or co ahock, or haart fallure. L IMMEDIATE CAUSE (Fine)	omplications the lat only one cau	t caused the de se on sech line				/	h aa cardiac or respi	ratory arreat,		Approximate interval Between Onset and Daath
	disease or condition resulting in dasth)	le	Card	liac arrest					5 mia		5 mia.
1		DUE TO	(OR AS A CONSE	OUENCE C	OF):						
5	Sequentially flat conditions, DUE TO JOR AS A CONSEQUENCE OF										
CERTIFICATION	the any, leading to immediate cause. Enter UNDERLYING										
를	CAUSE (Diseese or injury that initiated events	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):								
	reaulting in death) LAST										
3	DADT II. Other classificant and distant		doubt had one	(a)			a difference and the re-	Service   Commission			
₹	PART II. Other significant conditions			_		-	elar C	0 000000		AVA	RE AUTOPSY FINDINGS MLABLE PRIOR TO
בַּ	-		ex spour	Tax	UA	20	war c	1 TYES 2	₽ NO		MPLETION OF CAUSE DEATH?
MED	Seise, Cereb	MASCO	war		COSC	246	/	-		1 [	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	01820	ase.	_	_						
2	EXAMINER?	HOSPITAL:			OTHER	₹:	ACE OF DEATH (Ch				
2	27. MANNER OF DEATH	1 Impatient 2 28a. DATE OF	INJURY	28b. TII		_	IURY AT	6 Other (Specify) 28d. DESCRIBE HOW II	LIURY OCCURE	0	
	1 1 Pending	(Month, D	ay, Ybar)	IN	JURY M	WC	YES 2 NO	200. DECOMBE NOW II	WOM COCONE		
à	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE O	F INJURY — Al ho	ome, ferm,	street, fact			28f, LOCATION (Street a	nd Number or R	ural Route	Number,
	4 Homicide 6 Could not be	buliding,	etc. (Specify)					City or Town, State)			
۳ ا	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the hest of	my knowledne d	eath occur	rad at the t	lma data	and place, and due	to the ocure(s) and man	nor on stated		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER									use(e) en	d menner es stated.
	29b. SIGNATURE AND JUYLE OF CERTIFIER						29c. LICENSE NUI	MBER	29d. DATE 310	MED (Mi	fith, Dev. Year)
O BE	4 Dau	un al	ui				D003	54	▶ 7/	1/0	91
	C. Gottfried Ba	COMPLETED CAU	MID.	M 27) (Typ	he5	ter	town,	Md. 21	620		
5	31. DATE FILED (Month, Day, Year)  JUL 03 '91	32. REGISTR	he Sovidso	n_123.	nde 05						
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funeral d		examine
d in by the	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	DRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n
y filled	tion.	the
mplete	, crema	event,
and co	o bunial	natic
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R. Af	r de	.00
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DIRE	hours	Item
RA	72	5
HE FUNE	ed withir	DRTAN

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	p:		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
	Myrtle Els	sworth H	Rodney	07 -08 -					
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month Con Veer)	8. BIRTHPLACE (State or Foreign Country)				
	214-74-0743 10H2 FF 9	YRS.	ITHS DAYS HOURS MIN.	11/11/1895	Worton, MD				
	Se. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF DE	ATH 9c. C	OUNTY OF DEATH				
8	Frederick Villa Nursing Co	enter	Baltimore		Baltimore				
ธี	HESIDENCE OF DECEDENT				,,-				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS?				
<u>-</u>	Maryland City		Baltimore		1X YES 2 NO				
⊼	10e. STREET AND NUMBER		10f. ZIP CODE	10g. (	CITIZEN OF WHAT COUNTRY?				
買	711 Academy RD, Frederick				U.S.A.				
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2		13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica		14. RACE — American Indian, Black, White, etc.				
B≼	Widowed 4 □ Divorced  IF YES, GIVE WAR OR DATE:	s	1 ☐ YES ZYCYNO Specif	y:	Specify:				
	15. DECEDENT'S EQUCATION 16	a. DECEDENT'S USU	IAL OCCUPATION	16b. KIND OF BUSINESS	white				
	(Specify only highest grade completed)	(Give kind of work life. Do NOT use rel	done during most of working	160. KIND OF BUSINESS	INDUSTRY				
ا چ	Elementary/Secondary (0-12) College (1-4 or 5+)								
COMPLETED	UNKNOWN  17. FATHER'S NAME (First, Middle, Last)	поиз	sewife	ME (First, Middle, Malden Surnam	nol				
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon								
8	James Taylor  19a. INFORMANT'S NAME (Type/Print)	10h MAII ING ADI	DRESS (Street and Number or Rural	abeth Suati					
임	Mamie Purington								
				#L, Dallin	ore, MD 21228				
	20a. METHOD OF DISPOSITION  NXBurdal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Wesley Chapel Cemetery 7/10 Rock Hall,								
	4 Donation 5 Other (Specify) Wes	siey Cha	22. NAME AND ADDRESS OF FA		C nall, MD				
	MI WILL				l Homes, PA				
	Momos C. Kellenfrer	z.		ck RD, Chest					
	23. PART I. Entar the diseases, or complications that caused the shock, or heart failure. List only one cause on	line.	enter the mode of dying, suc	h as cardiac or reapiratory	arrest, Approximata interval Between				
	IMMEDIATE CAUSE (Final	Λ /	X		Onset and Desth				
	disease or condition a	- U+	1						
	DUE TO (OR AS A CO	ONSEQUENCE OF):	. ~	_					
z١	Sequentially list conditions,	0	111)						
Ĕ	if any, leading to immediate	ONSECHENCE OF:	104						
호	CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):								
빏	that initiated events resulting in death) LAST	DINSEQUENCE OF):			j. l				
CERTIFICATION	d								
	PART II. Other significant conditions contributing to death but	not resulting in t	he underlying cause given in						
EDICAL	NO OPK			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	1000				DF DEATH?				
2									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	neck only one)					
Sic	EXAMINER?  1 ☐ YES 2 ☐ NO  HOSPITAL:  1 ☐ Inpetient 2 ☐ ER/Outpatie		THER:	O THE STORY					
Ħ	27. MANNEY OF DEATH 280. DATE OF INJURY	28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED				
	1 Netural 5 Pending (Month, Day, Year)	INJUR	WORK?  M 1 ☐ YES 2 ☐ NO						
В	2 Accident Investigation 3 Suicide 6 Could not be hullding at (Speciful	At home, ferm, stree	et, factory, office	281. LOCATION (Street and Nur	mber or Rural Route Number,				
쁘	4 Homicide determined building, atc. (Specify)			City or Town, State)					
9	298. CERTIFIER		M. M. da da da da da da da da da da da da da		Survey Company				
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the bests of examination as								
8		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							
H	29b. SIGNATURE AND TITLE OF CERTIFIER	DID	29c. LICENSE NU	MBER (2) 29d.	DATE SIGNED (MAnth, Day, Year)				
ဝ	20 NAME AND ADDRESS OF THE PARTY WANTED	V	1	1 13 0	1017				
	30. NAME AND ADDRESS OF MERSON WHO COMPLETED CAUSE OF DEATH	i (ITEM 27) (Type, Pri	nt)						
$_{\gamma}$	N DATE DI ED GALLED DE MAI								
거	11. DATE FILED (Month Day, Wale) 32. REGISTRAR'S SIGNATU	dson-Randa	92_						
	JUL UT 91 / GUILLE DIEN	MODI A-NA-1100							

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the investing physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Page 5 illowid on the case as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

should

	HEGISTRAN		OLITIII	CALL	PUEATH	HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	HOLVEY RI	venbart	ζ			MONTH 24	1 9/	2030 M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	a. Bii	THOI ACE /State or Somice
	DUD ID HOLE	1 ☑ M 2 □ F	7 / YRS.	MONTHS DAY		(Month, Day, Year)	Co	untry)
- 1	240-10-7965		7/			12/18/19		RGAW N.L.
	9e. FACILITY NAME (If not institution, give st		0 .		N OR LOCATION OF DE	EATH	9c. COUNTY O	,
8	Hone Arundel	medical	Center	Ann	APOlis		Anne	Arundel
5	RESIDENCE OF DECEDENT							
DIRECTOR	10s. STATE 10b. COUNTY	/1		Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
5 1	NID. HNN	E ARILL	DEC AL	INAPO	:15			1 TES 2 NO
	10e. STREET AND NUMBER	9 / 1/-01/	4	7,07,70	10f, ZIP CODE		100 CITIZEN O	OF WHAT COUNTRY?
FUNERAL		1				,		7 1
9	2604 POINT L	OOKOUT	COVE		2140	/	4.	5. 14.
5	11, MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED		DECENDENT OF HISPAN, specify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No- 14. R.	ACE — American Indian, lack, White, etc.
	1 Never Married 2 Married	IF YES, GIVE WAR	OR DATES		YES 2 NO Specifi			pedity:
B	3 Widowed 4 Divorced	WWI					10	UHITE
	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUSTR	Υ
ΕI	(Specify only highest grade		(Give kind of life. Do NOT u	work done during se_matired.)	most of working			
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	Culled	STRUI	16	VETER	A 1/8	Day
Ξ	12		-1014	JENVI				TOPE.
COMPLET	17. FATHER'S NAME (First, Middle, Last)	ρ.,	1		1	ME (First, Middle, Maiden	Sumame)	
BE	102	KIV	ENBARK		JANI	E	MANCI	HEY
	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS (Str	et and Number or Rural	Route Number, City or Tow	m, State, Zip Code,	)
임	FRIMA 4	BLKER	2604	POINT	LOAROUT	CONE AND	UMPOL	18 KID 3140
	NO- METHOD OF DISPOSITION	7,70	20b. PLACE OF DISPO				CATION _ City o	
	20s METHOD OF DISPOSITION 1 DI Burial 2 Cremation 3 Remarks	oval from State	Sother place)					//
	4 Donation 5 Other (Specify)		1240/140	MER	n. PARK		NCITY	HRIZOVA.
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAM	E AND ADDRESS OF FA	CILITY	CHAP	el 2.14AI
	► Charle &	11,		177				
_	Charles	cere	uger	147	GLOUCE	STER ST.	STUNIA	POLIS MD
	23. PART i, Enter the diseases, or o			not anter tha	moda of dying, suc	h an cardiac Dr reap	Iratory arrest,	Approximata
	ahock, or heart fallure.	List only Dna cause	Driveach iing.					Intarval Between Onset and Daath
	iMMEDIATE CAUSE (Final disease or condition	1	Oi - Pari	Na	Ann st			O HOST BING DEBAN
J	reaulting in death)	a. Care	lio Repri	corry	7.11.004	*		
- 1		1			000			
Z	Service alletter that are additions	a Con	AS A CONSEQUENCE OF	rear	failer	- ; and	State	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	AS A CONSEQUENCE C	CONSEQUENCE OF):				
3	cause. Enter UNDERLYING	a Con	mary (	chifen	1 trees	u		
Ē.	CAUSE (Disease or injury that initiated events	DUE TO (O	AS A CONSEQUENCE C	F):				
E	reaulting in death) LAST	. He	runara	Rman	ri Di			
8		6.	Total Control	Topics				
	PART II. Other significant condition	a contributing to de	ath but not resulting	in the under	ying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL		+ centre				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
0	To I sail and	1 Covaru	rue a			1 🗆 YES :	2 0 116	OF DEATH?
뿔						/		1 TYES 2 NO
ا نو								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH (C)	neck only one)		
<u>일</u>	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:				
<u>×</u>	27. MANNER OF DEATH	28s. DATE OF IN			Home 5 Residence			
급	1 Natural 5 Pending	(Month, Day,		JURY	. INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCURE	
BY	2 Accident Investigation			M 1	YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF I building, etc	NJURY — Al home, farm,	street, factory,	office	281. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,
回	4 Homicide determined	bonanig, ac	a jopeony/			City or lown, State	,	
COMPLETED	290. CERTIFIER					The VIII - 1 - 1 - V	von menumber	
교	(Check only CENTIFYING PHYS		knowledge, death occur					
ō	2 MEDICAL EXAMINE	R: On the basis of exam	nination and/or investigati	on, in my opini	on, death occured at the	lime, date end place, e	nd due to the cau	se(e) end manner as stated.
	29b. SIGNATURE AND WILL OF CERTIFIE	R IA			29c, LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
BE	(effre	LM)			DIST	167	1	125/61
2	an MANE AND LEGISLA	10.0040: ====	0.000	0.00	1/3/	177	+	20 7
	30. NAME AND ADDRESS OF PERSON WI	/	/		Λ Λ	A .		21/1/
	HNDREW 6.601	NOUN MIL	16 Mu	11 my	Hor A	mapoli	Mol	21461
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	1	*	1		
- 1	JUL 26 1991 4	elie Tevidan	Randall					

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BE COMPLETED BY FUNERAL DIRECTOR

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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must be notified at once. examiner TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+Thours after deat TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam

FOR 1 - STATE	STATE OF M					MENTAL HYGIEN	E		91 2141
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	011-	CE	RTIFE	CATE OF	DEATH	REG. NO.  2. DATE OF DEATH MONTH DA	NA .	YEAR	3. TIME OF DEATH
Joshua Lee	Riggleman					7 2		91	11:48A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last  9 month		F UNDER 1 YEAR AONTHS DAYS Q 1 Q	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)		a. BIRTHP Country) W V	
9a. FACILITY NAME (If not institution, give :	street and number)	- morrer		9b. CITY, TOWN	OR LOCATION OF DI		9c. COU	NTY OF DE	ATH
Memorial Hospita	1			Cumber	land		AT	Legan	v
10a. STATE 10b. COUNT			10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
	ineral		Bu	rlingto					1 YES 2 NO
10e. STREET AND NUMBER				10	2 6 7 1	0			HAT COUNTRY?
Rt 1 Box 154	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 NO	MED O	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)		Specify	— American Indian, White, atc.
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		(Gh		SUAL OCCUPATI ork done during me retired.)	ost of working	18b. KIND OF BUS		DUSTRY	
17. FATHER'S NAME (First, Middle, Lest)  James Darr	en Ric	gleman			18. MOTHER'S NA	ie Susai		urns	
19a. INFORMANT'S NAME (Type/Print)  James and Connie		19b.	MAILING /		and Number or Rural	Route Number, City or Town	n, State, Zij	p Code)	'
20 METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Ren 4 Denation 5 Other (Special)		20b. PLACE	AND DATE	OF DISPOSITION	(Name	DATE 200. LO , 1991 An	CATION -	City or Tow	
21. SIGNATURE OF PUNEHAL SERVICE TO	2 Jan	d		Rotr 85 S	uck Fune	ral Home n St Kevs	er.	WV	26726
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Accide	ceused tha dese on sech line.  ental dr  or AS A CONSEO	own <b>i</b> r	ng	ode of dying, suc	ch as cardiec or respi	iratory er	rest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c	OR AS A CONSEO							
that initiated eventa reaulting in deeth) LAST	d.	OR AS A CONSEO	UENCE OF)	:					

PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 1 YES 2 NO

7/27/91

25. WAS CASE REFERRED TO MEDICAL EXAMINER?
YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 1/27/91 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED child fell into a bucket of 28b. TIME OF INJURY 28c, INJURY AT 1 Netural 10:30A 1 YES 2 Accident
3 Suicide 28e. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined 4 Homicide Burlington 29a. CE

		and due to the cause(s) and manner as stated.	

296. SIGNATURE AND MITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year,

Dpty Med. Ex. D 09157 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S now, 124 W 3rd St Cumberland Md 21502 Paul M.D.

32. REGISTRAR'S SIGNATURE AND SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION OF THE SELECTION 31. DATE FILED (Month, Day, AUG 1991

	1 - STATE STATE OF MARYL		CATE OF		MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Maryaret	Sura	xx		2. DATE OF DEATH 7-24-91	YEA	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 577 - 26 - 0357 1 $\square$ M 2 X	(In vrs. lest birthday) _ 8 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  1 - 2-4 - 0		WASh. DC				
TOR	PARACLITY NAME (If not institution, give street end number)  The U'ew MANIC  RESIDENCE OF DECEMENT	Fine View MANIC Clinton Md									
DIRECTOR	10e. STATE 10b. COUNTY Md. Charles		yantow				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	Rt 1, Box 82		10	101. ZIP COOE 10g. CITIZEN OF WHAT COUNT USA							
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexicar 2 X NO Specify.			RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  8th grade	16a. DECEOENT'S L (Give kind of w life. Do NOT use Homema	USUAL OCCUPATION Nork done during most of working a ker Domestic								
BE CO	17. FATHER'S NAME (First, Middle, Lest) William Thomas Moore			18. MOTHER'S NAM Berth	ME (First, Middle, Malden S a Ophial	MOOT	е				
TO B	Phillip M. Swann, Jr.	196. MAILING Rt 1	, Box	82, Bry	oute Number, City or Town, antown,	, State, Zip Cod Md. 20	0617				
	20a. METHOD OF DISPOSITION  t X Burtel 2 Cremation 3 Removal from Stata  4 Donation 5 Other (Specify)	place of disposi piper place) piphany	Cemet	ery	For		lle, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOAN F. HUNTT D00227  LOAN T. HUNTT		The P.O.	HUNTT F Box 15	uneral H	ome, rf, M	Inc. d. 20604				
NC	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. Use only one cause on eliminating in death)  Sequentially list conditions.	A CONSEQUENCE OF	in lip	Style		atory arrest,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUF TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  1  YES 2  NO  26b. WERE AUTOPSY PERFORMED?  1  YES 2  NO  26c. WAS AN AUTOPSY PERFORMED?  1  OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH O										
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inputlant 2 ER/Out	patient 3 DOA	OTHER:	LACE OF DEATH (Che							
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURE	ED				
	3 Suicide a Could not be 4 Homicide detarmined	nd Number or R	itural floute Number,								
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my know 2 MEDICAL EXAMINER: On the best of my know 2.						use(a) end manner as stated.				
H	296, BROWNING AND TITLE OF CERTIFIER	e		DZ40	145		GNED (Month, Day, Year) 24-91				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLIFED CAUSE OF OI Michael D. Levine 7801	Old Bra	ench Av	e., Cli	inton, Md	. 207	35				
	31. DATE FILED (Morth, Day, Your) 32. REGISTRAR'S SIGN JUL 2 6 91 Suha Davi	dsori-Randel	6								

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	retained to the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral dimental, news a fine burial-transit permit. Pages 1, 2, 3 should	(	petified as only.
	withis ours after death. Page & may be	mpletely filled in by the funeral director, page	, cremation, or removal.	event, the medical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the death certificate be executed	been signed by the attending physician and con	at. of Health and Mental Hygiene prior to burial,	shows any injury, or other traumatic er
DIVISION OF VITAL	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be interingual. The law security physician.	THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be continued around

1. DECEDENT'S NAME (First, Middle, Last Rose Schne								2. DATE OF DEATH DAY YEA 7 25 1991			3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			8. BIRTHPLACE (State or F		
212-05-2748	1 □ M 2XXF	00	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D			Count	••	
9a. FACILITY NAME (If not institution, give	83		9b. CITY, TOWN OR LOCATION OF DEATH 9c. 0							Mar INTY OF D	yland		
407 John Owings Rd.					stmi	nste:	r			C	arro	11	
					R LOCAT	ION						10d. INSIDE CITY	
Maryland Carroll				Vestn	ina	tox						LIMITS?	
10e. STREET AND NUMBER	У.	yesui		ZIP COO	F			10n, CIT	IZEN OF	WHAT COUNTRY?			
407 John Owing				21	157				S.A.				
11. MARITAL STATUS	12 WAS DECEDED	NT EVER IN U.S. ARM	4ED	1 42 4	MAG DEC			IIC ORIGIN? (	0W. W.				
1 Never Married 2 Married	FORCES?	YES 2- NO	0	1	f yes, spe	ecity Cubi	ın, Mexica	n, Puarto Rici	an, atc.)	or No-		E — American Indian, k, White, atc.	
3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1	YES	2 NO	Specify	/:			Spec	White	
15. DECEDENT'S E	DUCATION	I tan DEC	EDENT'S	USUAL OC	CLIPATIC	M.		40b W	IND OF BUS	INEGO/IN	DUCTOV	wille	
(Specify only highest gra	ede completed)	(Gh	ne kind of w Do NOT us	vork done o	during mo	st of world	ng	100. KI	IND OF BUS	INE39/IN	DUSINI		
Elementary/Secondary (0-12) College (1-4 or 5+)									D-14-		- 0-	. 0 777 1	
11 Clerk- 17. FATHER'S NAME (First, Middle, Lest)					_	40 11	I I MARIA	10.00			e Gas	s & Electr	
	Cohe - 1 - 1 -							ME (First, Mide		Surname)			
Sigmund George						e Fran							
19a. INFORMANT'S NAME (Type/Print)			_					Route Number,					
Allan Schneid	er						-	e, Bal	t. Mc	1. 2.	1207		
ROB. METHOD OF DISPOSITION	emoval from State	20b. PLACE C	ce)			,.	,		200 100			own, State	
Donation 5 Other (Specify)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Hebre	w Fr	iend	lshir	o Cer	nete	ry	Bai	1710	SOM	1001	
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11				ID ADDRE							
· Marry t.	10.17			Fl	etcl	ner 1	Fune	ral Ho	me				
Jones IV.	punco			25	/ E-		//	~ .			ar_l	MA 21157	
ahock, of heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only ons car	1SPIR	470	701	the mo	PN	Ing, auc	mon	or reapli	ratory a	reat,	Approximate Interval Betwo Onset and De	
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32. REGISTRAR'S SIGNATURE
Julia Davidson Pandole

**ARYLAND** 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	3 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiène prior to burial, cremation
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last)
VITGINIA
4. SOCIAL SECURITY NUMBER 2. DATE OF DEATH MONTN 3. TIME OF DEATN YEAR 82 ucex 0 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 08/92/1402 (Wouth' Day, Par) DAYS 213-248786 HOURS 1 M 2 F YRS. MIN Maryland 9s. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Westminster Carroll 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md assal Westminster 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 100 Charles 21157 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Ricen, etc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced 1 TES 2 NO Specify: Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5+) 6 Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) John Ziegler notified at BE Margaret Trump 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sharon L. Sinnott 100 Charles St. Apt A. Westminster, Md. 21157 20a. METNOD OF DISPOSITION
1. Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Donetion 5 Other (Specify) cometery, crematory or other place)
Evergreen Memorial Gardens7-27-91 Finksburg, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22 NAME AND ADDRESS OF FACILITY Fletcher Funeral Home ance 254 East Main St. Westminster, Md.21157 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Death the disesse or condition Distant resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATN (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 26e. DATE OF INJURY marked, 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED fonth, Day, Year! 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 60 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be Item 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner se stated. COMPL TO THE FUNERAL C be filed within 72 h IMPORTANT: If It 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and piecs, and due to the ceuse(s) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (Type, Print) OOA poole Rd Dais MNN

19.19.44

- 5.7 - 3.5 - 6.7 - 3.45 (6.4 - 2.1 - 1.1

AL RECORDS, P.O. BOX 68760, BALTIMORE MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aften death. Page at the page of the physician.	has been signed by the attending physician and completely filled in by the turning drive, page a companied for the burial-transit permit. Pages 1, 2, 3 should be been signed by the attending physician and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnant data. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic

1. DECEDENT'S NAME (First,	Middle Last)								2 DATE	OF DEATH			3. TIME OF DEATH
Bes	SA	GER				July 26, 1991 YEAR				3:00 P			
4. SOCIAL SECURITY NUMBER 217-07-59	35	5. SEX	6. AGE (In yrs. In 74	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (	Day, Yes	19	6. BIRTI	HPLACE (State or Foreign Mary land
9e. FACILITY NAME (If not ins	If not institution, give street end number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						NTY OF	DEATH
	10085 Quail Knob Lane						Frederick Frederic						
nesidence of dec 10a. state Maryland	10b. COUNTY					Frederick						10d. INSIDE CITY LIMITS? 1 YES 2 P NO	
100. STREET AND NUMBER	STREET AND NUMBER						10f. ZIP CODE 21702					IZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 5 SWidowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2.			If yes, sp		en, Mexic	en, Puerto R	? (Specify Ye Icen, etc.)	o or No—	Blac	E — American Indian, ck, White, etc.
	DENT'S EDUC		16a. D	ECEDENT'S	USUAL O	CCUPATI during m	ON ost of worki	ina	16b.	KIND OF BU	SINESS/IN		
Elementery/Secondary (0-		College (1-4 or 5		fe. Do NOT u	se retired.) 9551				1	Retai	l s	ales	departm
17. FATHER'S NAME (First, Middle, Last)  Ben jamin P. Bowings  18. MOTHER'S NAME (First, Middle, Melden Symame)  Bessie Perrell													
Rebecca Sager Jones  190. MAILING ADDRESS (Street and Number of Right Route Number City or Town, Stein Zip Code) Rebecca Sager Jones  190. MAILING ADDRESS (Street and Number of Right Route Number City or Town, Stein Zip Code) Rebecca Sager Jones													
20b. PLACE AND DATE of DISPOSITION DATE OF DISPOSITION (Name DATE OF DISPOSITION (Name DATE OF DISPOSITION OF DISPOSITION OF DATE OF DISPOSITION (Name DATE OF DISPOSITION OF DISPOSITION OF DATE OF DISPOSITION OF DATE OF DISPOSITION OF DATE OF DISPOSITION (Name DATE OF DISPOSITION OF DATE OF DATE OF DATE OF DATE OF DISPOSITION OF DATE OF DISPOSITION OF DATE OF DATE OF DATE OF DATE OF DISPOSITION OF DATE OF DISPOSITION OF DATE OF DISPOSITION OF DATE OF DISPOSITION OF DATE OF DISPOSITION OF DATE OF DATE OF DATE OF DISPOSITION OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DA													
MOOO21 MOOO21 MOOO21 P.A. Funeral Home 106 East Church St., Frederick, Md. 21701													
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):													
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
PART II. Other algoritica	nt condition	s contributing to	death but not	resulting	In the u	ndariyir	ng cause	given li	n Part I.	24a. WAS A		24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
PERFORMED?  1 YES 2 NO									OF DEATH?  1 YES 2 J-NO				
25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF	DEATH (C	heck only on	9)			
EXAMINER?		HOSPITAL: 1 Inpetient 2											La comp
	Pending nvestigation	28e. DATE OF (Month, E		26b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW	INJURY O	CURED	
3 Suicide 6 4 Homicide	home, farm,	rm, street, factory, office				261. LOCATION (Street and Number or Rural City or Town, State)				Route Number,			
one)		CIAN: To the best of											(e) and menner as stated.
296. SIGNATURE AND TITLE	OF CENTIFIES	10	1			_	29c. LIC	ENSE N	IMBER		29d, DA	TE SIGNE	D (Month, Day, Year)
Chaml	1	Ch	1	-1)		D 10009 1001					6/91		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Charles R. Clark MD 56 Thomas Johnson Drive, Frederick, Maryland 21  31. DATE FILED (Month, Day, Vegl) 132. REGISTRAR'S SIGNATURE  32. 9 1991 Julie Davidson-Randike									d 21702				

Manyland Iredamick Fradorics Service State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State o

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	S	eat	
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	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEI	PARTMEN'				HYGIENE REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Lest) Pearl	Edna	SWE	EARINGE	EN		2. DATE OF	DAY 19	91	3. TIME OF DEATH 7:20P	
_		□ M 2 √F	AGE (In yrs. lest birth	RS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DI		30-07	7 8. BIRTHPLACE (State or Foreign Country) Maryland 9c. COUNTY OF DEATH Allegany		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	1 000000	100	CITY, TOWN		ON	+		71110	10d. INSIDE CITY LIMITS?	
	MD Al  100. STREET AND NUMBER  88 LaVale Bl	legany				ZIP CODE 2150	12		109. CITIZEN O	I 1 X YES 2 □ NO F WHAT COUNTRY?	
BY FUNERAL		12. WAS OECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 XNO	2		NDENT OF HISPAI	NIC ORIGIN?		r No 14. R/BI	ACE — American Indian, leck, White, atc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		(Give kin	NT'S USUAL Ond of work done for use retired.) Housew	during mos	N I of working	16b. K	Hom	IESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last)  Van				16. MOTHER'S NA Hatt	ie		-	(Unknown)		
10	19e. INFORMANT'S NAME (Type/Print)  Lawrence J. Cooper		88	LaVal	e Bl	vd., LaV		MD 21	502		
	20a. METHOD OF DISPOSITION  1 N Burlet 2 Cremetion 3 Remov  4 Donetton 8 Other (Specify)  21. SIGNATURE OF FUNERAL SETTICE LICE!		Oak land	E OF DISPOSITION (Name of cometery, cremetory or land Cemetery Oakland							
	21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY StewartFuneral Home 32 S. Second St., oakland, MD 21550  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
AL CERTIFICATION	ahock, or haert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Arteriosclerotic heart disease  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
A	PART II. Other eignificent conditions Hypertension:	eath but not resul						EDZ	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CIA		HOSPITAL:		OTHE		ACE OF DEATH (C)	heck only one)				
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending  2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY 26t		28c, INJU		_		URY OCCURED		
TED B	3 Suicide 8 Could not be determined	28e. PLACE OF I building, atd	NJURY — At home, f c. (Specify)	At home, farm, street, factory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
O BE COMPLETED BY PHYSICIAN: MEDIC	29e. CERTIFIER Check only one) 2 MEDICAL EXAMINER:									se(a) and manner as stated.	
TO BE	29c. LICENSE NUMBER D 09157  29d. DATE SIGNED (MC D 7/20/9									NED (Morith, Day, Year)	
_	Paul Snow, M	.D. 12	4 w 3rd		berla	and Md 2	1502	_	<u>.</u>		
3	JUL 2 5 199	32. REGISTRAR	s signature	602							

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zeriours after death. Page 6 me the matter to the hospital or attending physician. Fages 1, 2, 3 should filled in by the funeral director. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within S-mours after death. Page 6 m Page 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

BALTIMORE MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	a ]				2, DATE OF DEATH DA	Y YEA	3. TIME OF DEATH		
	Doris Jeanne					7-2		1440 11		
		□ M 2 X F 74		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	916	IRTHPLACE (State or Foreign		
	9e. FACILITY NAME (If not Institution, give stree			IL CITY TOWN O	R LOCATION OF DE		BG. COUNTY O			
œ	Carroll County				tminste			arroll		
61	RESIDENCE OF DECEDENT	remeral nos	proar	Wes	CINTIIS CE		Jair	011		
H	10e. STATE 10b. COUNTY			TOWN OR LOCAT	15.73		10d. INSIDE CITY LIMITS?			
ā	MD Carr	coll		inksbu				1 YES 2 NO		
FUNERAL DIRECTOR		7		101.	21048			OF WHAT COUNTRY?		
N I	2827 Baltimore E	E. WAS DECEDENT EVER IN U	S MRMED	13. WAS DEC		IC ORIGIN? (Specify Yes	U.S.	ACE — American Indian		
À	1 Never Married 2 Married 3. Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spi		n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc. White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION (npleted)	Sa. DECEDENT'S US	BUAL OCCUPATION  A done during more  retired.)	N at of working	166. KIND OF BUS				
9		College (1-4 or 5+)						34. 3		
\$	AT CATHERING MARKE (The sender a con)	2	wner &	opera				Market		
8	17. FATHER'S NAME (First, Middle, Lest)  Maurice Fitzgerald  Helena Horsey									
BE	190. INFORMANT'S NAME (Type/Print)	raid	19b. MAILING A	DDRESS (Street e			m. State. Zip Code	0)		
2	190. INFORMANT'S NAME (Type:Print)  Mr. Joseph Spangler, Sr. 2635 Sunset Lane, Finksburg, Md. 21048									
	20c. METHOD OF DISPOSITION 1.40 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Lake View Memorial Gardens Eldersburg, Md.									
	4 Donation 5 Other (Specify)		ce View	Memor	rial Gar	rdens Elo	dersbu	rg, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN  Robert K. J	SEE		Prit	ts Fune	eral Home	e & Ch	apel		
	23. PART I. Enter the diseases, or cor							Approximata		
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Attersel		ardio	Vasoul	y Dife	case	Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):									
0	PART II. Other algolificant conditions	contributing to death but	not resulting in	the underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
SAL	Ashivalte	- pood	wey			PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
밀	Drabel	r Kelli	lúy					OF DEATH?		
ä										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: MED	1 TES 2 TNO 1	Inpetient 2 - ER/Outpet		OTHER:	e 5 🗆 Residence	6 ☐ Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 🗆	RK? /ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D		
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, str )	wet, factory, offic	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	cool only	N: To the best of my knowled On the basis of examination of						use(e) end manner as atlated.		
TO BE	206. SIGNATURE AND TITLE OF CONTIFIER	lu Nagav	10		DIS 24	WBER 20	29d, DATE SIG	EZ(9)		
Ŧ	Cillianone	VAGANNA.	700 A	perle R	d wext	mainter	MD	21157		
	31. DATE FILED (Month, Day, Year)  JUL 25 '91	32. REGISTRAR'S SIGNAT								

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2 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or ren	r other	
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	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			. TIME OF DEATH	
	Samuel Henry	Sha	nL					MONTH	7 2	1 19	91	11 30 PM	
		3. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER			OF BIRTH Day, Year)		8. BIRTHPI Country)	ACE (State or Foreign	
	215-36-6499 1 🖫 № 2 🗆 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.		16,	1901		yland	
	9a. FACILITY NAME (If not institution, give street and number)			1		R LOCATE				9c. COU	NTY OF DEA	TH ,	
FUNERAL DIRECTOR		rial Hoi	me	130	ons	boi	CO			W	ashin	not pi	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		T 400 CI	TY. TOWN C	22 LOCAT	10A)							
II.			106, 611								1	Od. INSIDE CITY LIMITS?	
1	Maryland Washington			Hage		ZIP COD	-			T and COT		T COUNTRY?	
Y I	2429 Paradise Drive				101					10g. Or 1			
N	11. MARITAL STATUS 12. WAS DECEDENT I	EVER IN U.S. AR	MED	1 13.	WAS DEC	217		UC OBIGIN	? (Specify Ye	or No	U.S.	A .	
à l	1 Never Married 2 Married   FORCES? 1   IF YES, GIVE WAF	YES 2 TH			If yes, sp			n, Puerlo R		or no-	Black, Specify:	White, etc.	
2	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		18b.	KIND OF BU	SINESS/IN	DUSTRY	White	
ū	Elementary/Secondary (0-12) College (1-4 or 5 +)	Me.	. Do NOT u	work done (	dunng mu	St Of Works	g						
COMPLETED	6		Fari	mer				F	arm O	wner			
5	17. FATHER'S NAME (First, Middle, Lest)					18. MOT	HER'S NA	ME (First, N	fiddle, Maider	Surname)			
n n	John H. Shan	ik				E	sthe	er			Downe	y	
2	19a, INFORMANT'S NAME (Type/Print)	191	b. MAILING	3 ADDRESS	S (Street a	nd Number	or Rural	Route Numb	er, City or Tov	vn, Stata, Zip	Code)		
-	Agnes S. Shank	22	232 1	Briar	clif	f Dr	ive.	Hag	ersto	wn, M	id. 21	.740	
	20s. METHOD OF DISPOSITION 11 Burlel 2 ☐ Cremetion 3 ☐ Removal from State	20b. PLACE other ple	lace)								City or Town		
	41 Donation 8 Other (Specify)	(Specify) Rose					1 Cemetery 7-24-91 Hagerstown, V						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  R. Hall Brady			An	drew		Coff	man	Funer			inc. Id. 21740	
	23. PART I. Enter the diseases, or complications that of		ath. Do									Approximete	
	ahock, or heart fellure. List only one cause	on each line			64100		Way and		100 0	motory c	roet,	Interval Between Onset end Deeth	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)											2 degr	
	resulting in death) e	OR AS A CONSE			Mar	44							
,	OUE TO (OR AS A CONSEQUENCE OF):												
2	Sequentially list conditions,  If eny, leeding to immediate  oue to (or as a consequence of):												
3	cause. Enter UNDERLYING												
	CAUSE (Disease or Injury that Initiated evente OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												
	PART II. Other algnificant conditions contributing to de	aeth but not i	regulting	In the ur	ndarivine	ceuse e	niven in	Part I.	24s, WAS A	VARITORSY	245.3	WERE AUTOPSY FINDINGS	
DICAL	CVA								PERFO	RMEO?		MAILABLE PRIOR TO	
ā									1 TYES	2 PNO		OF DEATH?	
2								- 1				YES 2 NO	
Z I	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF D	EATH /Ch	eck only on	2)				
PHYSICIAN: ME	EXAMINER?  1 YES 2 PAO  HOSPITAL:  1 Inpetient 2 E	ED/Outnotlant 2	□ DOA	OTHER	R/								
Ě	27. MANNER OF DEATH 28s. DATE OF IN	NJURY	28b. TIR	ME OF	28c, INJ		sidence	8 C Other	CRIBE HOW	INJURY OC	CUNEO		
	1 Natural 5 Pending (Month, Day,	(Year)	1N	JURY M	WO	RK?	NO						
100	2 Accident Investigation 3 Suicide 8 Could not be 29e. PLACE OF building at	INJURY — At ho	ome, farm,	street, fac				281. LOC/	ATION (Street	and Numbe	r or Rural Ro	ute Number.	
3	4 Homicide determined building, at							281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
COMPLE	29a. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the best of m	na hannula da a da	-46			23411.3	CSUP	VIIVI II					
2	(Check only one)  2 MEDICAL EXAMINER: On the basis of axas											and manage on stated	
3					spiritori, d				and piece, a				
1	29b. SIGNATURE AND TITLE OF CERTIFIER	NIL.					PD(					Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE										7,23		
	VASANT DATTA, MD 3	34 M	الدد	5-5	HA	GER.	5000	ww,	MD	217	40		
	31. DATE FILED (Month, Day, 1987)  32. REGISTRAR	s SIGNATURE	fandel	e,									

entitched for use as the burial-transit permit. Pages 1, 2, 3 should

le lospital or attending physician.

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DIVISION OF VITAL RECORDS, P.O. BOA 13:140	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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	PITAL

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIEN REG. NO	_	1 21416	
1. DECEDENT'S NAME (First, Middle, L LEITER DAN		SNYDER		JULY 25,	1991 YEA	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 214-09-3693	1 💢 M 2 🗆 F	85 YRS. MONT		April 29,1	.906 N	RTHPLACE (State or Foreign Suriny) Maryland	
9a. FACILITY NAME (If not institution, g Washington Cor	unty Hospital	95. (	Hagerstown	DEATH	9e. COUNTY O	shington	
10a. STATE 10b. COI Maryland 10a. STREET AND NUMBER		550	ear Spring	ing		10d. INSIDE CITY LIMITS?  1 YES 2X NO EN OF WHAT COUNTRY?	
Route # 1 14:	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	21722  13. WAS DECENDENT OF NISP, If yes, specify Cuben, Maxic 1 YES 2 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cuben, Maxic 1 X10 Specific Cu	an, Puerto Rican, etc.)	a or No 14. 5	J.S.A.  NACE — American Indian, Black, White, etc.  White	
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)			one during most of working ed.)	16b. KIND OF BU			
8 17. FATNER'S NAME (First, Middle, Last		Organ Ins			Manufac	turer	
Daniel	Franklin	Snyder	18. MOTHER'S N	AME (First, Middle, Maiden na Mati		Leiter	
19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rura				
Charles R.	Murray Jr.		r Drive, Hage				
20a. METHOD OF DISPOSITION	201	. PLACE OF DISPOSITION	(Name of cometery, cremetory or		CATION - City		
1 Burtel 2vt. Cremation 3 1 1 4 Donation 5 Other (Specify)	Removal from State	other place) mithsburg (	rematorium :	-26-91 Smi	thsburg	.Wash. Md.	
21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE		22. NAME AND ADDRESS OF F	ACILITY			
> P 1/2	00 Brades	-	Andrew K. Cod 40 E. Antieta	fman Funer	al Home	, Inc.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cardino Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or as a Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	lymis on	pop. o	affect	Onset and Dael	
PART II. Other algnificant cond	itions contributing to death b	out not reaulting in the	underlying cause given i	Pert I. 24a, WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA	iL /		26. PLACE OF DEATH (	theck only one)			
EXAMINER?	HOSPITAL: 1 Hipatient 2 - ER/Out	estient 3 DOA 4	HER: Nursing Nome 5 - Residence				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE NOW	INJURY OCCURE	D	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?  1 YES 2 NO				
2 Accident Investigat 3 Suicide 6 Could not 4 Nomicide detarmine	28e. PLACE OF INJURY building, atc. (Spe	f — At home, farm, street,	factory, office	28f. LOCATION (Street City or Town, State	and Number or Ri	ural Route Number,	
	HYSICIAN: To the best of my know					use(s) and menner as stated.	
295. STEHATURE AND TITLE OF CENT	THER		29c. LICENSE N	JMBER	29d. DATE SIG	NED (Month, Day, Year)	
Dans Ma	all my		124	129	D 7	125/91	
Gerald J.	Scallion MD			Исс	orotor	MA 217/0	
31. DATE FILED (Month, Qey, Year)  JUL 25 '9		MATURE MICHOLOR	h Cleveland A	venue, nag	ELSTOWN	, rid. 21/40	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

JUL 1 7 '91

32. REGISTRAR'S SIGNATURE

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Les	at).	CERTI	FICATI	OF	DEATH	I a DATE (	REG. NO.	•	2 71	ME OF DEATH
Clinton	Eugene		5	1.	- +	MONTH			YEAR	ILUG
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday	) IF UNDER		IF UNDER 24 HRS.	7. DATE C	F BETH			E (State or Foreign
218-20-278	1 2 M 2 🗆 F	61 YRS.	MONTHS	200	HOURS MIN.	11-	18- 2	29 1	country) [ary]	
9e. FACILITY NAME (If not institution, give	e street end number)		9b. CITY	, TOWN OF	LOCATION OF O	EATH		9c. COUNT	Y OF DEATH	
RESIDENCE OF DECEDENT	eral Hospi	tal	Sa	lis	oury			Wico	mico	
10e. STATE 10b. COU			ITY, TOWN		ON					INSIDE CITY
Maryland Wic	omico	Sa	lish		ZIP CODE			40 017177	N OF WHAT	YES 2 NO
Rt. 9 196					21801				S.A	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 1 1	VER IN U.S. ARMED YES 2 NO OR DATES  13. WAS DECEMBENT OF HISPANI If yes, specify Cuben, Mexican 1  YES 2 NO Specify:				an, Puerto R		or No—	A. RACE — American Indian, Black, White, etc. Specify: Black	
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16e. DECEDENT	'S USUAL O	CCUPATION during most	t of working	16b.	KIND OF BUS	INESS/INDU		
Elementary/Secondary (0-12)	Sollege (1-4 or 5+)		work done use retired.)				Nor	ne		
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N.		liddle, Maiden Urri S			
Clinton F. St.	ewart	19b. MAILII	NG ADDRES	S (Street en	d Number or Rural				(ode)	
Mary Stewart		Rt	9	196	Sali			1801	,	
20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R		20b. PLACE AND DA	TE OF DISE	OSITION (		DATE			ty or Town, S	itate
1 Buriel 2 Cremetion 3 R 4 Donation 6 Other (Specify)	emoval from State	Spring!	ory or other	Gard	dens	7-17-	W Hel	pron.	Md.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				ADDRESS OF F	ACILITY	F		lest	Pd
Bladys	B. Steu	vart	- G1	into	on F.	Stew				
23. PART I. Enter the discesses, i	or complications that ce									Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition	Polla	- CA		-(		100				Onset and Dec
resulting in death)	DUE TO (OR	AS A CONSEQUENCE	OF:	/		1			<del></del>	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	AS A CONSEQUENCE		( c	15	d	100	ery		
resulting in death) LAST	d									
PART II. Other significent condit	tions contributing to dec	oth but not resulting	g in the u	nderlying	cause given in	n Part I.	24a. WAS AN PERFOR			E AUTOPSY FINDING
							1 TYES 2		COA	PLETION OF CAUSE DEATH?
						_				YES 2 NO
						3.15				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	ACE OF DEATH (C					
1 YES 2 AO	1Inpatient 2 ER				ome 5 Residence 8 Other (Specify)					
1 Natural 5 Pending	(Month, Day, )		INJURY	28c. INJU WOR	RK?	28d. DESCRIBE HOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 8 Could not datermine	26e. PLACE OF IN building, etc.	JURY — At home, ferr (Specify)	m, street, fac			28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)			Number,	
onel only	INFR: On the best of my									manner en etel-d
7 I MEDICAL EVAL		THE LYDIS BY TOU/OF INVESTIGA	erron, in my	opinion, de	THE PERSON NAMED IN	re time, date	and biace, en	oue to the	cause(e) enc	manner ee stated
2 MEDICAL EXAM		•								
29b. HIGHATURE AND TITLE OF CENT		•			29c. LICENSE NU	JMBER		29d. DATE	SIGNED (Mor	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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								2. DATE	OF DEATH	w	YEAR 3.	TIME OF DEATH
	MARGA	RET	0.	S	TAH	E			ly 20			8:45 a
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH		Country)	CE (State or Foreign
215-20-6010		68	YRS.						3/23			YLVANIA
9e. FACILITY NAME (If not institution, give str				96. CITY, TOWN OR LOCATION OF DEATH  Cumberland					1000 100000	V OF DEATH		
Memorial Ho	spital				C	imbe.	LTanc	1			TITER	aliy
10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				_	100	I. INSIDE CITY LIMITS?
MARYLAND ALI	EGANY			LA	VALI	Ξ					1]	YES 2 NO
10e. STREET AND NUMBER						ZIP COD				10g. CITIZE	EN OF WHAT	COUNTRY?
12.56 VOCKE ROAD  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Diverced  12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.						2150					US	A
				100	If yes, sp		en, Mexica	n, Puerto	i? (Specify Yes Rican, atc.)	or No— 1	Black, Wi	American Indian, hite, atc.
15. DECEDENT'S EDUC (Specify only highest grade of	CATION		CEDENT'S				·	16b	KIND OF BU	SINESS/INDU	STRY	
Elementery/Secondary (0-12)	College (1-4 or 8	+) life	ive kind of Do NOT u	se retired.)		at Ur WO/K	reg					
12	2		SECR	ETAI	RY				RUBB	ER		
17. FATHER'S NAME (First, Middle, Last)	NT.								Middle, Malden			
WILLIAM OAKMA	VIN						BLAN			AMMON		
190. INFORMANT'S NAME (Type/Print)  MEADE W. STAH	ITE								ber, City or Tow			
20a. METHOD OF DISPOSITION	LLE						D L	_	-			
1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Remo	oval from State	107770000 1/0770000000000000000000000000										
21. SIGNATORE OF FUNERAL SERVICE LICE	ENSEE	- 1201121	SI M				ESS OF FA		23 00	MBERL	JAND,	MD
Douglas !	A Ho	fer		H	AFER	CF.	IAPE:	L OI	THE WY L			RTUARY 21502
23. PART I. Enter the diseases, or c ehock, or haert fellure. I IMMEDIATE CAUSE (Final disease or condition	complications the	it caused the deuse on each line	a.							iratory arre	st,	Approximate interval Betwe
		27			CAO.	n c	+ 1	LATES	2			Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE		)F):		7 0	+ 1	lve	2			Onset and De
resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO	V	OUENCE O	IF):		7	+ 1	we	2			Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	)F):					24a. WAS AN PERFOI	RMED?	AM CO	RE AUTOPSY FINDIN
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Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO	(OR AS A CONSE	OUENCE O	)F):	nderlyin	g cause		Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	CO OF	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUSI DEATH?
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AUSE OF DEATH (ITEM 27) (Type, Print) H. Curtiss Merrick-Memorial Hospital Medical Building-Cumberland, MD

31. DATE FILED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be minimary or his	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 thm of the day of the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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pital or attending physician.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may we	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	1	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be in	8
	2	12	be filed within 72 hours after death with the state Uept. of Health and Methal Hyglene prior to burial, cremation, or removal.	=	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First, Middle, Last)	)			ICATE O			2. DATE C	REG. NO.			3. TIME OF DEATH
	Stella Fr	ancis So	oloway					MONTH 7	-13-9	Y.	EAR	9:30 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	l birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE O	F BIRTH Day, Year)	6,	BIRTH	PLACE (State or Foreign Marylane
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5	11. MARITAL STATUS  1 Never Merried 2 Merried		NT EVER IN U.S. AR			ECENDENT			(Specify Yes	or No 14		- American Indien, White, etc.
BY	3 Wildowed 4 Olivorced	IF YES, GIVE	WAR OR DATES		1 🗆 Y	ES 2 XNO	Specif	y:			Specif	White
0	15. DECEDENT'S ED	UCATION			USUAL OCCUPA			16b.	KIND OF BU	SINESS/INDUS	TRY	WILLE
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Ž	ll Yrs.		M.	anage	er			P	ants	Factor	у	
3	17. FATHER'S NAME (First, Middle, Last)					-			iddie, Maiden			
H	Earnest Edward  190. INFORMANT'S NAME (Type/Print)	Ennis								x Enni		
9	James R. Fisher				ADDRESS (Street						ode)	
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	1 X Buriel 2 ☐ Cremation 3 ☐ Rail 4 ☐ Donetion 5 ☐ Other (Specify)	moval from State	other pla	ece)	Memoria					lisbur		
	21. SIGNATURE OF EMNERAL SERVICE L	11 //			22. NAME	AND ADDRI	ESS OF FA			IISDUL	<b>Y</b> • · ·	N(CL)
	Autom. L	follow	rang			loway	Fune	eral	Home			
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46, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 🐣 📠 📖 be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phys be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pi	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO	).	
ļ	1. DECEDENT'S NAME (First, Middle, Lest) Robert Coulby Spray Sr	791			2. DATE OF DEATH MONTH 7 - 20 - 1		1:45Am M
	4. SOCIAL SECURITY NUMBER 5. SEX Male 6. AGE 以述 M 2 口 F 7 C		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 7, 1	Cour	THPLACE (State or Foreign ntry) aryland
OR	90. FACILITY NAME (If not institution, give street and number)  Kent & Queen Anne's County H		9c. COUNTY OF DEATH CHEStertown Kent				
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. COUNTY (RFD) Chestertown						10d, INSIDE CITY LIMITS?  1 YES XX NO
ERAL I	100. STREET AND NUMBER RFD Warwick Road Chester Ha	arbor	101	21620		10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS Married  1 Never Merried 2XX Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN actify Cuban, Mexica 2 NO Specify	NO ORIGIN? (Specify Vin, Puerto Ricen, etc.)	Ble	CE — American Indien, eck, White, etc.  White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re Truck Di	done during mo tired.)	ON st of working	18b. KIND OF BI	USINESS/INDUSTRY	
5	17. FATHER'S NAME (First, Middle, Last)	1		18. MOTHER'S NA	ME (First, Middle, Maide	n Surnama)	
BEC	Wm. Samuel Sp	ray		Ma	rtha Mxc	xagan M	lagrogan
0	19a, INFORMANT'S NAME (Type/Print)	1 .			Route Number, City or To		
-	Geneva W. Spray (Wife)	Chester			ertown, M		
	1-Description   1   1   1   1   1   1   1   1   1	other place) Chester Co	emetery	/ (July 2	22, 91 Ch	ocation — city or estertowi	
	21. SIGNATURE OF UNERAL SERVICE LICENSEE	olls		d address of fa	P.	0. Box # tertown,	264 Md. 21620
EDICAL CERTIFICATION	Sequentially list conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST  PART II. Other algorificant conditions contributing to death  Cere broyd Stalan & Calden	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in t	U. mon		Part i. 24a, WAS A PERFC	ORMED?	Onset and Death  Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Σ	arterioscleratic heart	usease			_		1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Ch	eck only one)		
2	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Pinpetlant 2 ER/Ou		THER:	ne 5 🗆 Residence	8 Other (Specify)		
PHY	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Dey, Year)  2 Accident Investigation		W	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
TED BY	E _   Padridana	IY — At home, farm, streedly)	et, factory, offic	•	281. LOCATION (Stree City or Town, Stat		si Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kno one) 2 MEDICAL EXAMINER: On the basis of examination						e(s) and menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			ED (Month, Day, Year)
BE	m			033		200 11 0 12 12 12	22-8/
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D			1			.,
	Michael Bienenfeld, M.D.	(D-33514)	Ches	tertown,	Md. 21620	)	
	31. DATE FILED (Month, Dey, Year) 32. BEGISTRAR'S ST	ATTOREGE			<del></del>		

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OF VII	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 1314	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
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	HOSPITAL
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral minutes, and the funeral minutes are a first of the funeral minutes.		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be me
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npleten	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E	
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	JOHN	N EDMUND STA	AFFORD			July 2, 1	y yeaf 991	6 P.M. M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8. BIF	THPLACE (State or Foreign
	136 30 5905	1 k k 2 □ F 92	YRS.	HONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 3, 18		Jersey
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN C	OR LOCATION OF OE		9c. COUNTY OF	
E E	Kaufman Boarding	Home (Brown	town Rd.	Kennedyy	ville		Kent	
DIRECTOR	RESIDENCE OF DECEDENT						110110	
R	Monaria and		_	TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
۵		ent ————————————————————————————————————	Be	tterton				1 TES 2XXNO
.¥	10e. STREET AND NUMBER				ZIP COOE			F WNAT COUNTRY?
FUNERAL	Fair Promise Farm				21610	_	USA	
5	11. MARITAL STATUS Widowed	12. WAS OECEDENT EVER II FORCES? 1 YES	N U.S. ARMED			IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14. R/	ACE — American Indien, ack, White, etc.
BY	3XXWidowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specify		Sp	White
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	I CONTRACTO	201		 	
1	(Specify only highest grade	completed)	(Give kind of wo	ork done during mo retired.)	at of working	18b. KIND OF BUS	SINE SS/INDUSTR	
اۃ	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Farmer	_	Owner			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			- 41111	,	ME (First, Middle, Maiden	Cumamal	
		ndall B. Staf	fford (Si	r.)	Linda	Engle	Sumamey	
8	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n State Zin Code	
2	Doris Staffod Cla	ırk				terton, Mo		
	20g. METHOD OF DISPOSITION R11	rio1 20	b. PLACE OF OISPOSI other place)	TION (Name of cer	netery, crematory or	1 20c. LO	CATION City or	
	20a METHOD OF DISPOSITION B1  1 Burial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	over from State	Shrewsbury	Cemete	rv (7/5/	1991 Kenr	edyvil]	
	21. SIGNATURE OF FUNERAL SERVICE LIC		0.0		O ADDRESS OF FA	00.079		
	1.1.0	0.11	0000			Chantar	O. Box	
	- July	les W-	ella		lis Well	S		id. 21620
	23. PART i Enter the diseeses, or of shock, or heart fellure.	complications that cause List only on≜ cause on e	d the desth. Do no	ot enter the mo	de of dying, suc	h es cerdiec or respi	ratory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	Musa	()	1		1		Onset and Death
	disesse or condition resulting in death)	· / 1900	argla	1 7	2 file	chos		Instant
		OUE TO (OR AS	A CONSEQUENCE OF)	: 1	0			
2	Sequentisity list conditions,	b						
Ĕ	if any, leeding to immediate	OUE TO (OR AS	A CONSEQUENCE OF)	i.				
5	CAUSE (Diseese or Injury	csuse. Enter UNDERLYING						
= 1	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):							
~ 1	resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF)	•				
CERT		OUE TO (OR AS	A CONSEQUENCE OF)					
AL CERTIFICATION		d			g csuse given in		AUTOPSY	MAILANE ENGO TO
SAL	resulting in death) LAST	d			g csuse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
SAL	resulting in death) LAST	d			g cause given in		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	resulting in death) LAST	d			g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other significant condition	d		the underlying	g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
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MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	but not resulting in	26. PI OTHER: 4   Nursing Nor	LACE OF OEATH CAN	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	Ŀ.	STATE OF I	MARYLAND /	DEPA Ertii
1. DECEOENT'S NAME (First, Catherine		abeth Sa	aunders	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. Is:	at birthday
232-26-9086		1 🗆 M 2 😾 F	80	YRS.
90. FACILITY NAME (If not in Kent & Que 6	en Anne		ital Inc	
10e. STATE	10b. COUNTY	1		10c. C
Maryland	K	ent		Che
10e. STREET AND NUMBER				
105 N. W	ater S	t.	Apt. 2	
11. MARITAL STATUS  1 Never Merried 2 3  Widowed 4 Divo	Merried	12. WAS DECEDED FORCES? IF YES, GIVE V	IT EVER IN U.S. AI I YES 2 V MAR OR DATES	RMED NO

RTMENT OF HEALTH AND MENTAL HYGIENE FICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First Catherine	Middle, Last)	abeth Sa	aunde	ers					MON		DAY	YE	AR	TIME OF OEA	
	4. SOCIAL SECURITY NUMBER		5. SEX		In yra. last i	6.7.a6.a1	IF UNDER	4 4515	IF UNDER 24 HRS.	Jun	OF BIF	17,	199:		0545 CE (State or F	Ам
		PER	1 M 2 T F	0. AGE (		YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	th, Day, 1	fear)		country)	111	
	232-26-9086	stitution, give s	21		80	1111	9b. CITY	TOWN C	OR LOCATION OF D	Dec	. 21		TO M.		rginia "	
FUNERAL DIRECTOR	Kent & Que		e's Hospi	ital	Inc.				ertown				Kent			
E	10a. STATE	10b. COUNTY	r		П	10c. CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CIT	Υ
H	Maryland	K	ent			Che	ster	town	1					12	LIMITS?	NO NO
₹	10s. STREET AND NUMBER							101	ZIP CODE			10	g. CITIZEN	OF WHA	T COUNTRY?	
삘	105 N. W	ater S							21620				- Y	USA		
	11. MARITAL STATUS  1 Never Married 2 👽	Married	12. WAS DECEDEN FORCES?					If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic	en, Puerto			No 14.	RACE Black, W	American ind hits, etc.	len,
à	3 Widowed 4 Dive	orced	IF YES, GIVE Y	WAR OR DA	ATES"			1 🗌 YES	2 NO Spec	elfy:				Specify:	Whi.te	
COMPLETED		EDENT'S EDU			16a, DEC	EOENT'S	USUAL O	CCUPATIO	ON set of working	16	b. KIND	OF BUSINE	SS/INDUST			
	Elementary/Secondary (		College (1-4 or 5	+)				duling inc	et of working							
MP			4		Tead	cher						ation				
	17. FATHER'S NAME (First, A Charles H		Ochol+no	0					18. MOTHER'S N					7	1	
BE	19a. INFORMANT'S NAME (		Conercie	e	196	MAILING	ADDRES	R /Street s	Cather:						1	
입	Catherine								d. Balt:					,,		
	20e. METHOD OF DISPOSIT		MINISTER TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE		, PLACE A	TAO OAT	E OF OISP	OSITION	(Name				ION - City	or Town,	Stats	
	1 Burisi 2 Crematic		oval from Stats	_   Č	apita	al C	rema	tory	(	6/17	/91	Dove	r, De	1.		
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE						NO ACORESS OF F	ACILITY						
	Dary &	B. F	Maris						ws Funer				arton	Mc	1. 216	51
	23. PART I. Enter the d	iseesee, or	complications the	at caused	tha dea	th. Do									Approximinterval I	nata
z	IMMEDIATE CAUSE (Fi disease or condition resulting in death)	nsi				UENCE O	rule n:	es Des	acei	lai	+				Onset an	
CERTIFICATION	Sequentially list conditions, leading to immecause. Enter UNDERLY CAUSE (Disease or injuithet initieted events resulting in death) LAS	diata ING ury	DU TC	O (OR AS A	CONSEC	UENCE O	F):									
MEDICAL	PART II. Other eignific	ent condition	ne contributing to	o death b	out not re	sulting	in the u	nderlyin	g cause given l	n Part I.		WAS AN AUTPERFORME YES 2	D?	AN CC OF	ERE AUTOPSY MILABLE PRIO MPLETION OF DEATH?	R TO CAUSE
IA	25. WAS CASE REFERRED	TO MEDICAL						28. P	LACE OF OEATH (C	Check only	one)					
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outp	patient 3	□ DOA	OTHE 4 - Nu		ne 5 🗆 Residence	8 🗆 Ott	her (Spec	olfy)				
/ PHYSICIAN:	27. MANNER OF OEATH  1 Natural 5		28s. DATE O (Month,	Day, Year)		28b. TIR	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. D	EŞCRIBE	ULNI WOH	IRY OCCUR	ED		
ED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation  Could not be determined	28e. PLACE building	OF INJURY		ne, farm,	street, fac	tory, offic	;e		CATION by or Town		Number or i	Rural Roul	te Number,	
COMPLETED	CONSCR ONLY		SICIAN: To the best of						Marie Marie					suse(s) s	nd manner ss	stated.
8	29b. SIGNATURE AND TITL		pun						29c. LICENSE N	S24					onth, Day, Year, 1991	
5	Dr. John	-						vn.	Md. 2162	20						
6	31. DATE FILED (Month, Day	Year)	32. REGISTA					,								

YEAR

91

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

1:00 P H

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

IF UNDER 24 HRS.

DAY

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SKIPP

JAMES

5. SEX

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After	death	E 113
HOH:	after	m 28 Is marked, or item 23 shows any injury
REC	urs afte	E

by the hospital or attending physician.

BALTIMONE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 048-09-3705 XH2 0F CONN DAYS 913 VRS 9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HYNSONS GIF FARM HESTERTOWN KENT DIRECTOR GIFT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY KENT CHESTERTOWN MD 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE U.S.A HYNSENS FARM 6147 1620 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merri Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade comple 16b. KING OF BUSINESS/INQUSTRY ndary (0-12) ge (1-4 or 5+) torne Htorne 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnama) SKIPP AGAT NMN KANCOLKA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rurel Routs Number, City or Town, State, Zip Code) 21401 STEFAN JNA POG 20e. METHOO OF DISPOSITION

1 Burial 2 Cremation 3 F 20b. PLACE OF OISPOSITION (Nama of cemetery, crematory or 20c. LOCATION - City or Town, State 21625 CHESTERTOWN CEMETER 7

22. NAME AND ADDRESS OF FACILITY Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES WILLIAMS FLINERAL HOME Varen CHESTERTOWN MD TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory erreat, Approximate shock, or heart failure. List only one ceuse on each line Interval Between **Onaet and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) ABDOMEN CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO 25, WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 Other (Specify) 4 🗌 Nu 280. DATE OF INJURY (Month, Day, Year) 7-22-9 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED SELF INFICTED 1 Natural 5 Pending 1 YES 2 NO 12:30 PM BY Investigat 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 X Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of 29b. SIGNATURE AND TITLE OF CERTIFIER 29g. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE all 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF 516 WASHINGTON UZ 31. DATE FILEO (Month, Day, Your) 32. REGISTRAR'S SIGNATURE
JUNA DEVISOR 9 OHMH-18 Ray 1/89 permit. Pages 1, 2, 3 should

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90,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human hours after death with the State Death of Health and Mental Horling print in human committee.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	peruted	nd con
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27. MANNER OF DEAT

1 Natural

2 Accident
3 Suicide

4 Homicide

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IMPORTANT:

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91 21425 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATN 3. TIME OF CEATH James 10 YEAR 91 Leonard Starkey Jr. 11:45 PM 4. SOCIAL SECURITY NUMBER s. sexMale 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (15) Jan. 15 1933 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 220 28 1123 130XM 2 | F 58 yrs. YRS. DAYS HOURS Penna. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Kent & Queen Anne Hospital DIRECTOR Chestertown Kent RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Collegeville Penna Montgomery KX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 19426 Yes 8th Ave. 11. MARITAL STATUS DIVOTCE d 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 MO Specify: 14. RACE — American Indian, Black, White, atc. BY 3 Widowed 4 Divorced Md. National Guards No White ED 15. DECEDENT'S EDUCATION secify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 11 Printer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Leonard Starkey (Sr.) BE Helen Price 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 James Starkey III Sassfras - Kent Co. Maryland 20a. METHOD OF DISPOSITION Cremation
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Capitol Crematory (7/12/91) 5 Other (Specify) Dover Del. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 J. Willis Wells Chestertown, Md. 21620 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition MULTIPLE INJURIES resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1X YES 2 □ NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF BEATH (Check only 1 X YES 2 | 1

10	HOSPITA	L: nt 2 X ER/Ou	tostlant	OTHE	R:	Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
H Fending investigation	28s. DA	TE OF INJURY onth, Day, Year)		26b. TIME OF INJURY 10:13P	28c. INJURY AT WORK?  1 YES 2 NO	28d DESCRIBE HOW INJURY OCCUREO M.V.A. Thrown into air landing on roadway
8 Could not be determined	28e. PL	ACE OF INJUR liding, etc. (Sp.	ecify)	ighway	ctory, offica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Rte. 213 Vansants Rd. Chestertown, Kent
CERTICVING BUYOU	O. A. M. T		(V.)			

29a, CERTIFIER AN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

30. MAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)00. Print)
Mario F. Golle Jr. M.D.

111 Penn St. Baltimore, Md. 21201

O.C.M.E.

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Davidson-Randalle 17 '01

DHMH-16 Rev 1/89

▶July 11,1991

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	OR	DIRE	tem
1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Security after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF MARY		CATE OF	EALIH AND N DEATH	MENIAL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	IOMAS	AILEN	SW	ANN	2. DATE O		YEAR 9	3. TIME OF OEATH  7:45 A M
	4. SOCIAL SECURITY NUMBER	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OI (Month,	F BIRTH Day, Year)	a. BIRTI- Gounti	IPLACE (State or Foreign
	318-09-5135	1 M 2 🗆 F	7-7- YRS.			04	15/14	11.6-7	MD
5	P. G. HOSPITAL (	1,00000	3001 HOSP	TAL DE	CHEVE		m Dzc 755	PE	NCE GEORGE
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		() I soc CITO	, TOWN OR LOCAT	ION O		//0-		10d. INSIDE CITY
Š	MO Ann	ie Anna	el ?	Severi	ra Pa	rK			LIMITS?
ENAL	215 McKin	sen Po	2	101	ZIP COOE	16	10g. C	TIZEN OF	WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISPAN		(Specify Yea or No-	14. RACI	E — American Indian, k, White, atc.
210	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES			cen, atc.)	Spec	
3	15. DECEOENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION ork done during more retired.)	IN st of working	16b. I	KIND OF BUSINESS/	NDUSTRY	
PLE	Elementary/Secondery (0-12)	College (1-4 or 8+)		esited.)	t	7	ntl R	.R.	Deat
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mi	lddle, Maiden Surname	), ,	17-4
DE C	Harold Se	CUUS			5/	201	beth 1	120	1-25
2	19a, INFORMANT'S NAME (Type/Print)	enn		ADDRESS (Street	nd Number or Rural F	Poute Numbe	or, City or Town, State,	Zip Code)	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		20b. PLACE OF DISPOS other place)	~ ~ P	1		20c. LOCATION	- City or To	own, State
	4 Donetion 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	interior c		O AOORESS OF FA	CILITY	100/61	1200	(-(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1/Whot	1		BAR	RANCO	ANI	1 SENS	SEU	ENA MAK
	23. PART I. Enter the disesses, or co ahock, or heart fellure. L			ot enter the mo	de of dying, suci	n as cardi	ac or respiratory	errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPSIS		Cad	BODES S		-		Onaet and Desth
		•	S A CONSEQUENCE OF	•	047	es W			
5	Sequentially list conditions,	ANOXIC	S A CONSEQUENCE OF		COPATI	1/_			
EHILICALION	if any, leeding to immediate cause. Enter UNDERLYING	SE.		,					1.0
É	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	<b>ງ</b> :					
	resulting in death) LAST	l							
2	PART II. Other significent conditions	contributing to deati	but not resulting i	n the underlyin	cause given in	Part I.	24e. WAS AN AUTOPS	Y 241	b. WERE AUTOPSY FINDINGS
5	Myocardial	Intax	ction				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	CEREBROVA	SCULAR	2			_			OF DEATH?
PHISICIAN: ME	PNEUMONIA	7					/		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATH (Ch	eck only one	)		
2	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/0	outpetient 3 DOA	OTHER: 4   Nursing Horn	e 6 🗆 Residence	6 🗆 Other	(Specify)		
5	27. MANNER OF DEATH  Natural 6 Pending	28e. DATE OF INJUF (Month, Day, Yea	TY 285, TIM	URY WO	RK7	28d, DESC	CRIBE HOW INJURY	OCCURED	
ā	Natural 6 Pending Accident Investigation				res 2 🗌 NO				
COMPLEIED	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJU	JRY — At home, farm, s Specify)	street, factory, offic	•	28f. LOCA City o	TION (Street and Num r Town, State)	ber or Rural	Route Number,
4	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kn	iowiedge, death occurre	ed at the time, date	and piece, end due	to the ceus	so(a) and manner ee	eteted.	
5	and)	R: On the beele of examina	ition end/or investigation	on, in my opinion, o	leath occursd at the	time, date o	end place, end due t	the ceuse(	e) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	enant	land		29c. LICENSE NUI			ATE SIGNE	D (Month, Day, Year)
O BE	A-11/0	MUIN	come	~ .	DEA-3K	273	5302	7/	18/91
=	30. NAME AND ADDRESS OF PERSON WHO			Print) VF R			2078	5	
	31. DATE FILEO (Month, Day Year)	32 REGISTRAR'S SI							

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3. TIME OF DEATH

2. DATE OF DEATN

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 mby the property of the property of the property of the property of the fourth of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	David R. Sheppara	<b>D</b>			77"	22	11 01:29 1 11
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	20	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month) Day, 1		8. BIRTHPLACE (State or Foreign Country) R 10 d e
	223-76-0688 X 201	OS YRS.			9/16	52	Island
œ	9a. FACILITY NAME (If not institution, give street and pumber)	rather "	b. CITY, TOWN O	R LOCATION OF DE	ATN	ANN	TTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	evia	HANH!	190112		<b>/W/</b> /V	e HRUKOPER
<b>E</b>	10a, STATE 10b, COUNTY	10c. CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
□	Maryland Anne Arundel		Annapo				1 TYES 2 NO
RA	10e. STREET AND NUMBER		10f.	ZIP CODE		1,00	ZEN OF WNAT COUNTRY?
FUNERAL	11. Marital Status 12. Was Decedent ever	O IN IL C ADMED	12 WAS DECI	21403 ENDENT OF HISPAN			U.S.A.
	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OF	S 2 (100	If yes, spe	city Cuban, Maxicar 2 NO Specify	n, Puarto Rican, e	etc.)	14. RACE — American Indian, Black, Whita, atc. Specify:
B	3 Widowed 4 Divorced			z z ito opecny			White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATIOn the done during most retired.)	N t of working		OF BUSINESS/IND	
ا لاِ	Elementary/Secondary (0-12) College (1-4 or 5+)	Asses	sments	and			y County
Ž	17. FATHER'S NAME (First, Middle, Last)	T a	ixation	18. MOTHER'S NAI		overnm	ent
8	Charles P. Sheppard						
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street ar	Marie nd Number or Rural F	Bacon Boute Number, City		Code)
2	Charles P. Sheppard	1136	Mainsa	il Dri	ve. An	napoli	s. MD 21403
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE (	OF DISPOSITION	(Name	DATE		City or Town, Btsta
	4 Donation 5 Other (Specify)	St. Mary	s Ceme	etery 7	/125	Annapo	lis, MD
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	//		D ADDRESS OF FAC		anal	21401
	temasol & Jey Tu						polis,MD
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause or	sed the daeth. Do no					
- 1	IMMEDIATE CAUSE (Final		C 1				Onset and Death
	disease or condition resulting in death)	brenal	Syndra	me			4 days
	DUE TO (OR A	S A CONSEQUENCE OF	Curo				
8	Sequentially list conditions, DUE TO (OR A	S A CONSEQUENCE OF:	,,,,,				
E A	If any, leading to immediate cause. Enter UNDERLYING	shism.					
E	that initiated events	S A CONSEQUENCE OF):					
FF	resulting in dasth) LAST						
MEDICAL CERTIFICATION	PART II. Other significent conditions contributing to deat	but not resulting in	the underlying	ceuse given in	Part I. 24a. 1	MAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
S						PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
	Disseminated Di Gastranteofinal B	ledine		J		YES 2 -NO	OF DEATH?
N.	81 000000000000000000000000000000000000	1					1 123 2 100
	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	eck only one)		
PHYSICIA	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpution: 2 ER/C		OTHER:      Nursing Hom	5 🗆 Rasidence	8 Other (Spec	illy)	
F	27. MANNER OF DEATH 28a. DATE OF INJUR (Month, Day, Yea		OF 28c. INJ	URY AT	28d. DESCRIBE	HOW INJURY OC	CURED
BY	1 Natural 5 Pending 2 Accident Investigation			ES 2 NO			
	3 Suicide 8 Could not be 28s. PLACE OF INJL building, etc. (5	JRY — At home, farm, str Specify)	reet, factory, office		28f. LOCATION City or Town		or Rural Aoute Number,
COMPLETED			11/2-12				
MPL	29a. CERTIFIER (Check only 00e)						
00	2 MEDICAL EXAMINER: On the basia of axamina	ition and/or investigation	, in my opinion, d	A 25 - AMILY		lace, and dua to th	e cause(s) and manner as stated.
BE	296. SIGNATURE AND SULE OF CROSTIFIES			29c. LICENSE NUI		29d. DAT	E SIGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Tona	Print)	0370	-		122/7/
3	Thes Chambelain, MO	269 Renin	rula Fra	m Rd	Ano	dho	21012
	JUL 26 1991 July Savidan						THE ROLL

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3. TIME OF DEATH

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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O. B(	artificate
S, P.	death c
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H	that
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	on MTTCAINING DEVOLUTANT The law remines that the death certificate he executed within 24 ho
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<u>=</u>	AM.
OF	DINCIC
N	MIC
3	CNO
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5	2

07-25-91 Lillian Hazel Swenson 7. DATE OF BIRTH (Month, Day, Year)
10-10-00 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1 M 2 K) F YRS. Wisconsin 516-82-7167
9e. FACILITY NAME (If not institution, give street and number) permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1217 Hillcrest Road Odenton Anne Arundel RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MT Teton Choteau 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE Box 56 59422 for use as the burial-transit USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Merried BY 3 🛛 Widowed 4 🗌 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Teacher Education notified at once 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Gustav Knute Hane Mary Holm 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Deanna Rice Hillcrest Drive, Odenton, MD 21113 pe 20s. METHOD OF DISPOSITION

1℃ Surial 2 □ Cremation 3 □ Removal from State
4 □ Donetion 6 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nama 20c. LOCATION - City or Town, State DATE must of cometary, crematory or other place. Choteau Cemetery Choteau. MT examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 851 Annapolis Road. Gambrill medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batween 0 Onset and Death IMMEDIATE CAUSE (Final the cremation, disease or condition and completely fi o burial, crematio resulting in death) other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 injury, PHYSICIAN: MEDICAL PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 23 shows any 1 TYES 2 T NO 1 YES 2 NO been of has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem certificate h OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Residence 6 - Other (Specify) 4 🗆 Nursi the the 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) DIRECTOR: After this cer hours after death with the Item 28 is marked, of 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee atsted. MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the 29d. DATE SIONED (Month, Day 29c. LICENSE NUMBER BE 9 5 Armere 2 COMPLETED CAUSE OF DEATH (ITEM 2) Type, Print, RAMIRRZM 13 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

DAY

med the terms of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retired to TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 modes and filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	* REGISTRAR		CI	ERTIFIC	JAIL	OF DE	AIH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  CAROLINE, THOMP	7				2, DATE OF 6	DEATH DAY		YEAR Q ]	3. TIME OF DEATH 6:54 A M		
- 1	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. les	at blotholms)	IF UNDER 1 Y	E40   100 110	IDER 24 HRS.	7. DATE OF E		1	-/1	PLACE (State or Foreign	
		5. SEX				AYS HOU		Month, De	y_Year)	200	Country,	
- 1	219-22-0785	63						2 1	928			
	9. FACILITY NAME (If not Institution, give st		1	9b. CITY, TO	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH	
DINECTOR	Carroll County	ospita	1	Westminster Carroll						011		
5	RESIDENCE OF DECEDENT											
ايا	10e. STATE 10b. COUNTY 10c. CI					LOCATION				10d. INSIDE CITY LIMITS?		
5	MD Car			Tai	neyto	nwo			1 YES 2 NO			
1	10e. STREET AND NUMBER				101. ZIP CODE				tog. CITIZEN OF WHA			HAT COUNTRY?
	7570 V Ctot		21787									
LOINER	3539 Kump Stat.									U.		
2	11, MARITAL STATUS  1 Never Merried 2 Merried	12. WAS OECEDENT FORCES? 1	YES 2	rmed No				NIC ORIGIN? (S an, Puerto Ricar		14. RACE Black,	- American Indian, White, etc.	
	3 Widowed 4 Divorced	IF YES, GIVE W			10	YES 2	O Specif	ty:			Specify	/: · ·
											W	/hite
3	15. DECEDENT'S EDUC (Specify only highest grade		18e. DE	CEDENT'S U	SUAL OCCU	JPATION	orkina	16b. KIN	ID OF BUS	INESS/INC	USTRY	
ا بَ	Elementary/Secondary (0-12)	College (1-4 or 5 +	) life	ive kind of wo . Do NOT use	retired.)							
ا ٤	8			worke	er		pu	blis	shin	g co	mpany	
COMPLE	17. FATHER'S NAME (First, Middle, Last)					18. 1	OTHER'S NA	AME (First, Middi				
	Joseph J. Rit	ter					Alice	Lan	ghi 7	176		
	19e. INFORMANT'S NAME (Type/Print)	061	140	- MAII 1010 A	DDDree (	_			0		0.41	
0								Route Number, C				
٦,	Mr. Leonard Ti			3539	Kum	p Sta	ation	Road	, Ta	aney	towr	n. MD.
	200: METHOD OF DISPOSITION 1-10: Burlel 2 Cremetion 3 Remo	well from State	20b. PLACE other p.	OF OISPOSIT	TION (Name	of cemetery,	crematory or		20c. LO	CATION -	City or Tow	vn, State
	4 Donation 5 Other (Specify)	Jean Holli State	St.		eph f	s Cer	neter	y Taneytown			own.	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	ME AND AD	DRESS OF FA	ACILITY				
					Pritts Funeral Home & Chapel							pel
	Robert K.	Pritts.	Sr.		412 Washington Rd Westminste						nster .MD	
	23. PART i. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel				ot enter th	a moda of	dying, suc	ch as esrdiac	or reepi	ratory sri	rest,	Approximata interval Between Onset and Deeth
	disesse or condition	20	ntic ch	ock ca	2116	undet	armin	ьd				12 hours
1	resulting in death)	e. JUE TO	ptic sh	OUENCE OF	:	unaet	CIMITIN	cu				12 11001
	_											
וויוייייייייייייייייייייייייייייייייייי	Sequentially list conditions,	b	(OR AS A CONSE	OLIENCE OF				-				
-	If sny, lesding to immediate csuse. Enter UNDERLYING		(3117137137131		•							
2	CAUSE (Diseese or Injury	C	100 40 4 CONOT	OHENOE OF								
	that initiated events resulting in death) LAST	DUE 10	(OR AS A CONSE	OUENCE OF)	•					i		i l
5	resulting in datati) EAST	d										
2	PART ii. Other significant condition	e contribution to	death but not	paguitian i-	the west	elules ac-	no obser !-	Dani I	a. WAS AN	ALIMONAL		WEDE ALTONOU FRIDANCE
₹		_	TABILL DOL LIOL	resulting In	the unde	mymig cau	ed given in	Part I, 24	PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
śΙ	<u>End stage er</u>	npnysema						14	1 XX YES 2 NO			COMPLETION OF CAUSE OF DEATH?
ايَ	Atrial fibril	llation						'	^^		1	1 XXES 2 NO
2										XX		**
2	25. WAS CASE REFERRED TO MEDICAL					26, PLACE	OF DEATH #	heck only one)				
PHTSICIAN:	EXAMINER?	HOSPITAL:	o fundamental com		OTHER:							7
2	1 TYES 2 X NO	1 Inpatient 2			-			8 Other (S)				
5	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIME INJU	OF 2	WORK?	т	28d. DEŞCRI	BE HOW II	NJURY OC	CURED	
-	1 Natural 5 Pending 2 Accident Investigation				М	1 YES	2 NO					
	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At h	ome, farm, at	reet, factory	, office		28f. LOCATIO		nd Numbe	r or Rural R	oute Number,
ĭ	4 Homicide determined	aunumg,	atc. (Specify)					City or k	own, State)			
ų	29e. CERTIFIER											
COMPLEIED	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurred	at the time	e, date end	lace, end du	e to the cause(	e) end mar	ner as sta	ted.	
5	MEDICAL EXAMINE	Towthe basis of a	samination end/or	Investigation	, in my opli	nion, death	ccured at the	e time, date end	d place, en	d due to ti	he ceuse(e)	end manner ee stated.
70	29h. SIGNATURE AND TITLE OF CERTIFIC	1	_			29c	LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
å l	11/1/1/1/	fare.	RIA	1		1 200						
2/	lilliant &	and a	1041				DO 5	905		/	/24/	וצ
	30. NAME AND ADDRESS OF PERSON WH	1					D.		000 1	4		A
	Richard A. Jones	, M.D.	Carroll	Coun	ty Ge	neral	Hosp	ital,	200 [	1emor	rial .	Ave., West.
	31. DATE FILED (Month, Day, Year)	32. BEGISTAL	R'S CHENATURE	1								
	IIII 25'91 <i>S</i>	tilla Davidoo	- Nashream	_								
_ !												

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	1 - FOR REGISTRAR	STATE OF MARYLAN	CERTIFIC	ATE OF D		MENTAL HYGIEN REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)  Kenneth E.	Kenneth Edga Thompson	7/	SON		2. DATE OF DEATH MONTH DV	S. TIME OF DEATH D726 AM				
	222 5/ /152	SEX 6. AGE (In y		MONTHS DAVE MOURS		7. DATE OF BIRTH (Month, Day, Year) Nov. 29, 1934		a. BIRTHPLACE (State or Foreign Country) W. Virginia			
TOR	9a. FACILITY NAME (If not institution, give stree  Washington County RESIDENCE OF DECEDENT		96	Hager			9c. COUNTY	of DEATH nington			
FUNERAL DIRECTOR	100. STATE 105. COUNTY  Maryland Washi	ngton	181	own or Location				10d. INSIDE CITY LIMITS?  1 1 YES 2 NO			
ERAL	100. STREET AND NUMBER 400 Cornell Avenue				21740		10g. CITIZEI	USA			
BY FUN		2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	□ NO	It yes, specif	DENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No 14	. RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		e. DECEOENT'S USL (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of tired.)	f working	16b. KIND OF BU	SINESS/INDUS				
MPL	12	6	teache			M.C.					
	17. FATHER'S NAME (First, Middle, Last)			10		ME (First, Middle, Maiden					
BE	Montague Thompson		19b. MAILING AD	DRESS (Street and		an William		ode)			
5	19a. INFORMANT'S NAME (TypesPrint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Jean L. Thompson  400 Cornell Ave., Hagerstown, Md. 21740										
	20a. METHOO OF CISPOSITION  1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME  415 E. Wilson Blvd., Hagerstown, Md. 21740										
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory strest, shock, or heart fellure. List only ons cause on each line.  Approximate interval Between										
	IMMEDIATE CAUSE (Finel disease or condition	ſ	)					Onset and Death			
	resulting in deeth)	DUE TO (OR AS A CONSCOUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Sequentially list conditions, if the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
_	PART II. Other significent conditions	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?							
N: ME	1 TES 2 NO										
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)										
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJUR WORK	Y AT	28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	, farm, street, factory, office 28f. LOCATION (Street and No City or Rown, State)				Rural Route Number,			
COMPLETED	one)	AN: To the best of my knowled On the basis of examination a						ceuse(s) and menner as stated.			
BE CO	29b. BIGNATURE AND TITLE OF CERTIFIER				9c. LICENSE NUI	MBER		BIGNED (Month, Day, Year)			

296. BIGNATURE AND TITHE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 2145 23

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

JAHERD, WD - 1610 OAKH'I ABOUL M AVE HAGERSTOWN.

21740 WAHERD

31. DATE FILEO (Month, Day, JUL 24 '9' 32. REGISTRAR'S SIGNATURE

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DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE OF		AL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		TE OF DEATH	3. TIME OF DEATH							
	Travers, Levin		1/20/9	/ 1550p							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR	///	TE OF BIRTH 8. onth, Day, Year)	BIRTHPLACE (State or Foreign Country)							
	216-67-6267 1 M 2 D F 86 YRS. MONTHS DAYS	1100110	1-12,03	And.							
	9s. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
5	Dow, Can Hospital Cambridge Dorchesten										
5	RESIDENCE OF DECEDENT										
DIRECTOR	m l LIMITS?										
₹	106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHAT CO										
<u> </u>	831 Pairmonal Ave 216/3 U.S.A.										
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE—  14. RACE—  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE—  16. Hyes, apecify Cuban, Mexican, Puarto Rican, etc.)										
B	3 ₩idowed 4 Divorced IF YES, GIVE WAR OR DATES	ES 2 NO Specify:		Specify: 72/							
5 II	Diaci										
n n	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Dr. NOT use natived.)										
J	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)										
È	CT ENTHERIO NAME Class Middle Land										
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)											
H H	helyens Ivavers	1/2/12/65/6	IN Ivav								
2	19a. INFORMANT'S NAME (Type/Print) Mary Ward 19b. MAILING ADDRESS (Street	at and Number or Rural Route N	umber, City or Town, State, Zip C	ode)							
	A JOHNA BITALL	Mount 1-	we camb	11 0.21613							
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20c. LOCATION — City or Town, State										
	4 Donation 8 Other (Specify) DeThe Cambridge, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	1/2/2/6/3										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximate										
	ahock, or heart fellure. List only one cause on each line.										
	IMMEDIATE CAUSE (Fine) disease or condition  Onset and Do  Second										
	resulting in death)										
	DUE TO (OR AS A CONSEQUENCE OF):										
2	Sequentially list conditions, 6.										
CATION	if any, leeding to immediate										
<u>당</u>	CAUSE (Disease or injury										
HTIF	that initieted events  OUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST										
E	d.										
	PART II. Other algnificent conditions contributing to deeth but not resulting in the underly	ing cause given in Part i		24b. WERE AUTOPSY FINDING							
Se l	CONGESTIVE HEART FAILUR	5	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
MEDI	A DETUC CARALLO MA AF PASSTATE										
Σ	The plant of the	•		1 YES 2 NO							
A N	AF WAS CASE REFERENCE TO HERICAL										
SICIAN	EXAMINER? HOSPITAL: OTHER:	PLACE OF DEATH (Check only	y one)								
YS	1 YES 2 NO 1 Nopetiant 2 ER/Outpetient 3 DOA 4 Nursing H	ome 5 🗆 Residence 6 🗆 0									
PHY	(Month Day Year) IN HIGY	INJURY AT 28d. WORK?	DEŞCRIBE HOW INJURY OCCU	PRED							
BY	1 Metural 5 Pending 2 Accident Investigation M 1 YES 2 NO										
ED E	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, of building, etc. (Specify)	Mica 28f. I	OCATION (Street and Number of Sity or Town, State)	r Aural Route Number,							
ETE	4 Homicide determined										
ا د	29a. CERTIFIER Chack only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, d	ate and place, and due to the	cause(s) and manner as stated	1.							
COMPL	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinior										
ဗ											
8	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER		SIGNED (Month, Day, Year)							
0	vincular vistoria, "b.	D-166 09	>7/	23/9/							
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	(100)	000.00.416	1N 21-10							
	MICHAR A MOSKEWICZ IND 503 B	YEN ST	EAMBRIDGE	my 21613							
- 1	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE.  Sucha Devideor-Andrea										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	- OL	HILL							_				
1. DECEOENT'S NAME (First, Middle, Last)						2. DATE	2. DATE OF OEATH DAY YEAR 3. TIME OF			3. TIME OF DEATH			
George Walter Thomas							06 07 91 9:40						
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS.	7. DATE O	OF BIRTH	8. BIRTH		PLACE (State or Foreign			
217-36-0037 1₺₩2□		YRS.	MONTHS	DAYS HOU	RS MIN.		Day, Year)	Country)					
							L. 20,	,1909 Md.					
9a. FACILITY NAME (If not institution, give atreet and number			9b. CITY,	TOWN OR LO	CATION OF D	EATH		9c. COUNTY OF DEATH					
The Kent & Queen Annes H	Ch	estert	own			Kent							
RESIDENCE OF DECEDENT													
10e. STATE 10b. COUNTY				R LOCATION						10d. INSIDE CITY LIMITS?			
Md. Kent Co.		Ro	ock I	Hall				1 TES 2 NO					
10e. STREET AND NUMBER			101. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?				
Rt#1 Box#26			21661					CA					
	40.40		AS DECENDENT OF HISPANIC ORIGIN? (Specify			U.S.A.							
1 Never Married 2 Married FORCES?	EDENT EVER IN U.S. ARM	O		yes, specify (				or No-	Black	, White, etc.			
3 Widowed 4 Divorced	VE WAR OR DATES		1	☐ YES 2 🎇	NO Speci	ly:		Specify:					
						-				white			
15, OECEOENT'S EDUCATION (Specify only highest grade completed)			USUAL OC	CUPATION luring most of v	vorkina	16b.	KIND OF BU	SINESS/INI	DUSTRY				
Elementary/Secondary (0-12) College (1-4	or 5 +) #fe.	Do NOT us	se retired.)				_						
11grades	fai	rmer				_   1	farmi	ng					
17. FATHER'S NAME (First, Middle, Last)				16.	MOTHER'S N	AME (First. A	Aiddle, Maiden	Surname					
Charles Thomas							athew						
		****											
19a, INFORMANT'S NAME (Type/Print)				(Street and Nu									
Arthur Dierker	]	Rt#1	Bo	0x#26	-A Ro	ock I	Hall	Md.	216	61			
20a. METHOD OF DISPOSITION	20b. PLACE	AND DATE	E OF OISPO	SITION (Nam	e	DATE	20c, LO	CATION -	City or To	wn, State			
↑ Donation 5 □ Other (Specify)	of cemetary.	rematory IeV	Char	oel C	emete	ery 6	5-10-	91 F	Rock	Hall Md			
21, SIGNATURE OF FUNERAL SERVICE LICENSEE	22. N	NAME AND AD	DRESS OF F	ACILITY									
7/ 1.67/		-	Tom H	elfer	bei	n Fun	eral	L Ho	me P.A.				
Minnows K. Hol		106 Shamrock Rd. Chester Md. 21619											
23 PART I Enter the diseases or complications	that coursed the de-	eth Do r	not enter										
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1. DECEOENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

214-16-9658

31. DATE FILEO (Month, Day, Year) OJUL 26 1991

MARY KATHERINE

9e. FACILITY NAME (If not institution, give street and number)

TAYLOR

6. AGE (in yrs. lest birthday)

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5. SEX

nnapolis Convalescent Center

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S in a		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardial shock, or heart failure. List only one cause on each line.									
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	Ē	4 Homicide	determined	sanding, area (ope	ony)					City Cit	
OR / DIRE hours	COMPLE	290. CERTIFIER	ITIFYING PHYSI	CIAN: To the best of my know	vledge, de	eath occurred	at the Him	e, date d	and place, and du	e to the cause	
RAL 72	ž	one)		R: On the basis of examination							
HOSP FUNE Within		296: SIGNATURE AND TITL		7. 7. 11. 11. 1				- 1-7			
TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2	BE	N N N	// I	1				131	29c. LICENSE NU	MOEN	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

HOURS

96. CITY, TOWN OR LOCATION OF DEATH

Annapolis

July

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21433

REG. NO. 2. DATE OF OEATH MONTH 3. TIME OF DEATH DAY YEAR 21 1991 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) Maryland 23,1917 9c. COUNTY OF DEATH Anne Arundel 10d. INSIDE CITY 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A ORIGIN? (Specify Yee or No— Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White 165 KIND OF BUSINESS/INDUSTRY Home E (First, Middle, Maiden Surname) E. Evans oute Number, City or Town, State, Zip Code) Annapolis, MD 21403 20c. LOCATION — City or Town, State Annapolis, MD ral Chapel 21401 St. Annapoli .MD as cardiac or respiretory arrest, Approximata Interval Betwe Onset and Death 4 monte 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO OF DEATH? 1 TYES 2 NO Other (Specify) 28d. DESCRIBE HOW INJURY OCCUREO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) to the cause(e) end menner as stated. ime, date end place, end due to the ceuse(e) end menner as stated. 29d. DATE SIGNED (Month, Day, Year) 2

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pron. or removal.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death, Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dest. of Health and Mental Hydlene prior to burial, cremation, or removal.	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rocurs after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last, ANN M. VONDER						07 21	DAY 1991 Y	3. TIME OF DEATH 20:30 P
4. SOCIAL SECURITY NUMBER 188-26-9587	5. SEX 1 M 2 X F	8. AGE (In yrs. lest bir 98	thday) IF UN MONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) 07-15-8	02	BIRTHPLACE (State or Foreign Country) Yarvland
9a. FACILITY NAME (If not institution, give SACRED HEART HOS	PITAL				AND, MA		9c. COUNTY ALLE	OF DEATH
Maryland All		1	La V	non Loca	TION			10d. INSIDE CITY LIMITS? 1% YES 2 NO
10. STREET AND NUMBER 330 Sunset Drive					ZIP CODE	02	1	JSA
				if yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify an, Puarto Rican, etc.) fy:	Yes or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give I	ENT'S USUA! and of work do NOT use retire	ne during mo d.)	st of working		BUSINESS/INDUS	
12	2	Me	edica	1- R			ledica1	·····
17. FATHER'S NAME (First, Middle, Last)  Fred Maff	-1 617					AME (First, Middle, Mel		0.5
19a. INFORMANT'S NAME (Type/Print)	тех	19h M	AILING ADDO	FSS (Stract		ICES Hel		
Mary Maffley						e, LaVal		
20e. METHOD OF DISPOSITION  1) Burial 2 Cremation 3 Red  L Donation 5 Other (Specify)	moval from State	20h PLACE AN	D DATE OF D	SPOSITION	(Name		LOCATION - CIN	or Town State
23. PART I. Enter the diseases, or shock, pr heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	r complications that		. Do not an	302	Nat'1.	1 of the HWY. La	aVale,	MD 21502
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. BI	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE	NCE OF):	BUE	elclie	g.		
PART II. Other significant condition	one contributing to o	leath but not ree	ulting in the	underlyin	g cause given li	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION DE CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТР	26. P	LACE OF DEATH (C	heck only one)		
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF I (Month, Da		BDOA 4 G	28c. IN.	Ne 5 Residence PURY AT PRIC? YES 2 NO	8 Other (Specify) 28d. OE\$CRIBE HO	W INJURY OCCUP	RED
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF	INJURY — At home, dc. (Specify)	farm, street,	factory, offic	•	261. LOCATION (Str. City or Town, St	eet and Number or tate)	Rural Route Number,
anal	/SICIAN: To the best of a							ause(a) and menner as state
	IER		_		29c. LICENSE N	JMBER	29d. DATE S	IGNED (Month, Day, Year)
296. SIGNATURE AND TITLE OF CHATIF								
29b. SIGNATURE AND TITLE OF OUNTIF	una	- h	J		00	8377	> 7.	22.91

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2018.	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral dire
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DIVISION OF VITAL RECORDS, P.O. BOX 687

FOR STATE REGISTRAR	STATE OF MARYLA	CERTIF	TMENT ICATI	OF H	EALTH A	ND N	MENTAL HYGIE REG. N			
1. OECEDENT'S NAME (First, Middle, Last)  De Walt Jo			J	ll.	١,		2. DATE OF DEATH MONTH	DAY 24	91	3. TIME OF DEATH PM
4. SOCIAL SECURITY NUMBER 577-26-7937	5. SEX 6. AGE (III	yrs. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	1909	6. BIRTH	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give so Frederick Memori	C.S. III. C. L. VIII.			,	e <b>e</b> ick		ATH	11.	deri	
RESIDENCE OF DECEDENT  10a. STATE  MON TO	omery	10c_cit Po	v town	OR LOCATI	on e					10d. INSIDE CITY LIMITS? 1 VZ YES 2 NO
100. STREET AND NUMBER 19825 Fisher Av	re.	. 1			ZIP CODE 20837	7			S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 M Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO		WAS OECE If yes, spe 1 _ YES	city Cuban,	HISPAN Mexical Specify	IC ORIGIN? (Specify n, Puarlo Rican, etc.)	Yea or No—	14. RACI Blac Spec	E — American Indian, k, Whita, etc. Hy: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT 1	USUAL C	during mos	N It of working ed.		16b, KIND OF I	BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maid	len Surname)		
Harry I. Willar  19a. INFORMANT'S NAME (Type/Print)	rd	404 4444 1040	400000	0.00			h Dudrow	From Otento 7	in Onde	
D. J. Willard.	Tan						ck, Md.		(p Code)	
20a. METHOD OF DISPOSITION	20b	PLACE AND DAT	E OF DISE	POSITION		TETT	DATE 20c.		City or To	own, Stata
1 Puriet 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State of c	emetary, crematory Mono	caes	V			7-27-97 Be	allsvi	llle,	Md.
21. SIGNATURE OF FUNERAL SERVICE LIC			22.	NAME AN	D ADDRESS	S OF FA	CILITYHilton	Funer	ral F	Iome
> wulle c	felt		2	22111	. Beal	llsv	ville Rd.	Barne	esvi.	Lle, Md.
	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A			tve	- P	ul	man	dis	es of	years.
PART II. Other significent condition	na contributing to deeth be	ut not resulting	in the u	ınderlyinç	g cause gl	lven in	PER	AN AUTOPSY FORMED? 3 2 \(\bigcap\) NO	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DE	ATH (Ch	eck only one)			
1 YES 2 NO	HOSPITAL:	atient 3 🗆 DOA	4   Nu		e 5 □ Res	sidence	6 Other (Specify)			
27. MANNER OF DEATH Natural 5 Pending Natural Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF JURY M		URY AT RK? (ES 2	NO	28d. OESCRIBE HO	W INJURY O	CCURED	
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, fa	ctory, office	-		261. LOCATION (Str. City or Town, St		er or Rural	Route Number,
(Orlean brilly	BICIAN: To the best of my know ER: On the besis of exemination									(a) and manner as stated.
and .										
and .	iR,				29c. LICE	NSE NU	MBER	29d, DA	TE SIGNE	D (Month, Day, Year)
one) 2 MEDICAL EXAMIN	Pac S				4900	NSE NU	1			0 (Month, Day, Year) 5-9/

S, P.O. BOX 13146, BALTIMORE MARKLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page a mile to propriet or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely, a med in by the funeral dimensement of estable of the build-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be meaned at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires that t	this certificate has been signed by with the State Dept. of Health and	rked, or item 23 shows any i
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR; After this certificate It be filed within 72 hours after death with the State I	IMPORTANT: If Item 28 is ma

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REC	3. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) FREDERICK JA	MES	WICKIN	2. DATE OF DEMONTH		3. TIME OF DEATH  O 400 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 6. AGE 5. SEX 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. AGE 6. A		UNDER 1 YEAR IF UNDER 24 HE NTHS DAYS HOURS MI	MARINE Day 1	(bar) 77	BIRTHPLACE (State or Foreign Country) Lest Virginia
PECION	99. FACILITY NAME (If not institution, give street end number)  224) BROWN ROLL RESIDENCE OF DECEDENT	20 91	F FWKS K	V DG	9c. COUNTY	OF DEATH
Sing	100. STATE 10b. COUNTY  Maryland Carroll	10c. CITY, T	own or location Finksburg			10d. INSIDE CITY LIMITS? 1  YES 2 NO
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
	2241 Brown Road  11. MARITAL STATUS  12. WAS DECEDENT EVER II		210			ISA
	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	2 NO	13. WAS DECENDENT OF HI If yes, specify Cuban, Mo 1 YES 2 INO S	spanic Official? (Spenicen, a pecify:	Hc.)	RACE — American Indian, Black, White, etc. Specify: White
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of working	18b. KIND	OF BUSINESS/INDUS	TRY
	Elementery/Secondary (0-12) College (1-4 or 5+)  5th grade		reman	,	C.J. Mill	er
	17. FATHER'S NAME (First, Middle, Last)	10		NAME (First, Middle,		
1	Herman B. Wickline			Waugh		
2	Dorothy Wickline		rown Road, F			
	1   Buriel 2   Cremetion 3   Removal from State 4   Donation 5   Other (Specify)	other place)	ON (Name of cemetery, crematory  Memorial Gar		roc. LOCATION — CITY Finksbu	y or Town, State
į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Steven W. Eline	/	934 S. Main	Eli	ne Funera	al Home d, Md. 21074
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CAUSE (Disease or condition and the property of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of					5 5 YEAR	
מבייים ביייים	PART II. Other eignificent conditions contributing to death be	out not resulting in t	the underlying couse give	,	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER HOSPITAL:		26. PLACE OF DEATH			
	1 Pres 2 NO 1 Inpatient 2 ER/Out 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5 Reelde F 28c, INJURY AT		HOW INJURY OCCU	RED
3	1 Mettral 5 Pending 2 Accident Investigation 28e. PLACE OF INJURY	/ — At home, ferm, stre	M 1 YES 2 NO		(Street and Number or	Street South Number
1.1	4 Homicide determined building, stc. (Spe	cify)	vi, rectory, ornice	City or Town		rurer rious Number,
COMPLEIED	29a. CERTIFIER (Check only one)  1 CERTIFYIME PHYSICIAN: To the best of my know one)  2 MEDICAL EXAMINER: On the best of examination					
2 2 2	296, SIGNATURE AND TITLE OF CERPIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	2— M T	29c. LICENSE	1496	29d, DATE S	GIGNED (Month, Day, Year)  - Z) - G/
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	UFA 1	UD WE	STAH	15 TE	012 120 AT
	JUI 25 '91 Julia Savid	con-Randale.				

Margarita

31. DATE FILED (Month, Day, Year)

JUL 25 '91

Korell, MD

32. REGISTRAR'S SIGNATURE

Lulia Savidson-Pandalle

DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

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CUTED WITHIN 24	d completely fill urial, cremation	lic event, the
runcate be exe	ng physician an	other trauma
at the death ce	by the attendir	y injury, or
un sainhai wa	ept. of Health	23 shows an
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BALTIMORE MARYLAND 21215-0020

91 21437 91-4132-510 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Watkins 07 21 991 8. BIRTHPLACE (State or For 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 - F MONTHS DAYS HOURS 3-31-1971 212-96-3044 YRS 20 Maryland 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Shock Trauma Center Baltimore Baltimore City 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Carroll Hampstead 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 310 Bluegrass Lane 21074 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicon, Puerto Ricen, stc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. Never Married 2 Married ВУ 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compl 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 2 years Student 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) James R. Watkins, Jr. Sandra J. Newell 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 James R. Watkins, Jr. 310 Bluegrass Lane, Hampstead, Md. 21074 20s METHOD OF DISPOSITION
1 Surfel 2 Cremation 3 Removat from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Wesley Cemetery 7-25 Hampstead, Md. 21. SIGNATURE OF FUNEPAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home Lany 934 S. Main Street, Hampstead, Md. 21074 23. PART i. Enter the dispases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between **IMMEDIATE CAUSE (Fine)** Onset end Death disease or condition Itoso Dus unus resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in deeth) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 GAES 2 INO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED
Driver in auto/auto/truck 1 🔲 Natural 5 Pending 1 YES 2 NO BY 21 1991 12:13A 2 Ccident
3 Suicide Investigation impact 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 8 Could not be detarmined '28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 🔲 Homicide On street Rte.95(N) @ Rte. 100 29e. CERTIFIER
(Check only one)

29 CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner es attend. 2 DEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner es stated. NATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 2 07 22 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore Maryland 21201

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3. TIME OF DEATH

Approximete Interval Betwasn Onsat and Death hv

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign Country)

10:07 P. M

YEAR 1991

1. DECEDENT'S NAME (First, Middle, Last)

Harvey

4. SOCIAL SECURITY NUMBER

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	212-14-5865 XX <sup>M 2</sup> 9a. FACILITY NAME (If not Institution, give street and num		YRS.	OWN OR LOCATION OF GEAT	10/12/19	906 Ma	ryland
O.B.	Physicians Memorial Ho		Plata	P	Char]		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR				10d. INSIDE CITY LIMITS? 1 YES 24 NO
	Maryland   Charles  100. STREET AND NUMBER ROUTE #1 , Box	1219	La Pla	10f. ZIP CODE			WHAT COUNTRY?
BY FUNERAL	FORCE	ECEDENT EVER IN U.S. ARME IS? 1 YES 2 NO GIVE WAR OR DATES	lf y	20646 s DECENDENT OF HISPANIC es, specify Cuben, Mexican, YES ZXXNO Specify:		Blo	CE — American Indian, ick, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Collega (	(G/ve ille. D	DENT'S USUAL OCC kind of work done dur o NOT use retired.)	UPATION ing most of working	Self E	Employe	ed.
BE	17. FATHER'S NAME (First, Middle, Lest)  Charles Alexan ( 190. INFORMANT'S NAME (Fixpe/Print)	627		18. MOTHER'S NAME Floren Street and Number or Rural Rol	Ce Murph		
5	Robert Weber	20b. PLACE OF	Route #1	Box 331	E Nani		[d.20662 Town, State
	XX Burial 2 ☐ Cremetion 3 ☐ Removal from 5 4 ☐ Donetion 6 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	itata 010	"Durham	Cemetery ME AND ADDRESS OF FACILITY		conside	s,Md.
	23. PART I. Enter the diseases, or complicati	Lyno	A	REHART FUN	ERAL HON		
CERTIFICATION	shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ona ceuse on each line.	Cy .  ENCE OF):	I. Bio			Approximete Interval Betwee Onset and Das
MEDICAL CE	PART II. Other significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the significant conditions contributed by the sign		sulting in the und	artying ceuse given in P	art 1. 24s. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N	25. WAS CASE REFERRED TO MEDICAL	12105		26. PLACE OF DEATH (Chec	uk only one)		1 TYES 2 NO
>		lient 2 K ER/Outpetient 3		ng Home 5 🗆 Residence 6		NUMBER OCCUPED	
TED BY PH	1 Natural 5 Pending 2 Accident Investigation	DATE OF INJURY (Month, Day, Year)  PLACE OF INJURY — At hom building, etc. (Specify)	INJURY M	WORK? 1 YES 2 NO	281. LOCATION (Street City or Town, State)	end Number or Run	
IPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the MEDICAL EXAMINER: On the						ue(e) end ma <i>n</i> ner ea stated
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Lane	20	29c. LICENSE NUMI	3 3	29d. DATE SIGN	22   9
10	30. NAME AND ADDRESS OF PERSON WHO COMPLE N. Sharma, MD, Pembro			1 So., Walde	orf, Marv	1and 20	0603

32. REGISTRAR'S SIGNATURE Fishar Davidson-Randall

Milford

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Weber

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS.

2. DATE OF DEATH DAY July 21

7. OATE OF BIRTH (Month, Day, Year)

OHMH-16 Rev 1/89

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

retained by the hospital or attending physician. **MARYLAND 21215-0020** 

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1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYG		91 2143
1. DECEDENT'S NAME (First, Middle, L Martha		VOLFORD		2. DATE OF DEAT MONTH July	TH DAY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR F UNDER 24 HRS	7. DATE OF BIRT	H 8.	BIRTHPLACE (State or Foreign
213-12-7720-A	1 🗆 M 2 🔀 F	70 YRS.	IONTHS DAYS HOURS MIN	Sept.	29, 1920	Maryland
99. FACILITY NAME (If not institution, g Washington Coun			b. city, town or Location of Hagerstown	DEATH		of DEATH
RESIDENCE OF DECEDENT					wasii.	
10e. STATE 10b. CO	UNTY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
Maryland	Washingtor		Hagerstown			1 TES 2 T NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
l Putter Driv	E 12. WAS DECEDENT EVER		21740			U.S.A.
1 X Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mer 1  YES 2 NO Spe	ican, Puerto Rican, etc	ty Yee or No— 14 c.)	Bleck, White, etc.  Specify:
16. DECEDENT'S	EDUCATION U.S. Na	16a. DECEDENT'S U	SUAL OCCUPATION	16b, KIND O	F BUSINESS/INDUS	White
(Specify only highest ( Elementary/Secondary (0-12)	Coffee (1-4 or 5+)	(Give kind of wo	rk done during most of worldng	low range	, boomesomos	,,,,,
12	1 1/2	Secre	tarv		Thomas and	
17. FATHER'S NAME (First, Middle, Last		Decre		NAME (First, Middle, M	Chemical Maiden Surmeme)	
Jesse James			Paarl	Frances H	Zocool mi	,
190. INFORMANT'S NAME (Type/Print)	<u>-</u>	19b. MAILING A	DDRESS (Street and Number or Ru			
Lois Wolford		Route	2 Box 41 Ha	agerstown	Md 21	740
20g, METHOD OF DISPOSITION		b. PLACE AND DATE	OF DISPOSITION (Name	_	c. LOCATION — CII	
1 X Buriel 2 Cremetion 3 1 4 Donation 5 Other (Specify)	Removal from Btata	Cedar Law	r other place) N .It	11v 25 Ha	gerstown	n, Maryland
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	^ .	22. NAME AND ADDRESS OF	FACILITY Minni	ich Funei	ral Home
1 50x8	1 mr	n mue	A15 E. Wilso			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF):	of heing w	L. 4 7.CE	acone.	ses 6 mu
CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other algnificent cond	itiona contributing to death	but not resulting in	the underlying cause given	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			3			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Dispatient 2 ER/Out		28. PLACE OF DEATH OTHER: I □ Nursing Home 5 □ Residen		v)	
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJURY AT		HOW INJURY OCCU	RED
1 Natural 8 Pending	(Month, Day, Year)	INJU	M 1 YES 2 NO			
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF INJUR	Y — A1 home, ferm, at ecify)	reet, factory, office	281. LOCATION (S City or Town,		Rural Route Number,
anal	PHYSICIAN: To the best of my know.					
206. SIGNATURE AND TITLE OF CERT	N WHO COMPLETED CAUSE OF B	phole	MD 296. LICENSE	1606	29d. DATE 5	SIGNED (Month, Day, Year)
Koben	T V. L.	CAMPI	BELL MA	1/176	ersloc	un md
31. DATE FILED (Month, Day, Year)	guha Davidson					

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Stylener, Telephone

REG. NO

the attending physician and completely fille Mental Hygiene prior to burial, cremation, executed within BOX 13146, requires that the death certificate be P.0. DIVISION OF VITAL RECORDS, been signed by the WE has be Dept. The THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate if filed within 72 hours after death with the State i

31. DATE FILED

2. DATE OF DEATH MDNTH 59 DAY 1. DECEDENT'S NAME (First Middle Last) 3. TIME OF DEATH WARD INCOLN 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fo 11-21-09 DAYS 218-05-2067 1 X M 2 - F 81 HOURS Maryland YRS. 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Manokin Manor Nursing Home DIRECTOR Princess Anne Somerset RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Crisfield YES 2 NO Somerset 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 96 Somers Cove Apts. 21817 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black. White, atc. If yes, specify Cuba 1 ☐ YES 2 ☐XNO 1 Never Married 2 Married Specify: White Specify: BY 3 Wildowed 4 Divorced COMPLETED 18s. DECEDENT'S USUAL OCCUPATION
(Glass kind of work done during most of working) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) House Painting Contractor Grade 8 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maiden Sumame) Augustus Ward Pearl Lawson TO 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Lillian Morgan (daughter) 26419 Minden Ave. - Crisfield, MD pe 20s. METHOD OF DISPOSITION 07-13-91
1 M Burlal 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c LOCATION - City or Town State must Sunnyridge Memorial Park Crisfield, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home Kahuti. 306 W. Main St. - Crisfield, MD 21817 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heart feliure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** the disease Dr condition 42 hor and resulting in deeth) event, DUE TO JOB AS A CONSEQUENCE OF Ch traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Serge other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST hed son cerl 0 any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 23 shows 1 TYES 2 PINO PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 0 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked. 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, atreet, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be 4 Homicide 28 Hem 29e. CERTIFIER
(Check only one)

MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as attailed. TO THE FUNERAL (
be filed within 72 h
IMPORTANT; If H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ee atetad. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE D15081 6 hell 11-91 No 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD M motion Minr may MD

32. REGISTRAR'S SIGNATURE

Consignant Foreign and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant and Constant

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Dradanaw & Jone Furnial Rose 30f W. Main St. - Islatinio, NO 21817

		Page 1, 2, 2 Boold
BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit
LTIMORE,	eath. Page 6 may b	uneral director, page
BA	er de	the 1

DIRECTOR

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the funeral director, page 5 should be de hours after death. Page 6 may be retained by the notified at pe must examiner medical filled in by 6 this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hygiene prior to burial, cremation, the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 event. other traumatic 10 shows any Injury. 23 Hem 6 28 is marked, DIRECTOR: After the hours after death w Hem TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If its

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MEDICAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HAME First, Middle, Lest) 1. DECEDENT'S NAME 2. DATE OF DEATH 3. TIME OF OEATH MONTH 991 3;35AH BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 72 213-18-2535 /16/1 MARYLAND 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ALLEGANY SACRED HEART HOSPITAL CUMBERLAND 10d. INSIDE CITY LIMITS? 10c, CITY, TOWN OR LOCATION ALLEGANY CORRIGANVILLE 1 X YES 2 | NO MD 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10t. ZIP CODE 21524 USA P 0 BOX 114 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Newer Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY BEER BREWERY Elementary/Secondary (0-12) College (1-4 or 5+) LABORER 6 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) TIBERIUS WILT BERTHA HEATWOLE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CORRIGANVILLE, DONNA J. SMITH MD 21524 20a, METHOD OF DISPOSITION
1 M Burlal 2 C Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, Stata RESTERMINATION E M. PIAP ARK LA VALE, MD 21502 7/20/91 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
HARVEY H. ZEIGLER FUNERAL HOME PA HYNDMAN 15545-0636 23. PART i. Enter the diseases mplications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Between **Onset and Death IMMEDIATE CAUSE (Final** Arterioscherotic Cardiovascular Disease disease or condition resulting in death) DUE TO JOB AS A CONSEQUENCE OF CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 | NO 4 | Nursing Home 5 | Residence 6 | Other (Specify) - Tiends house 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NO B 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
Thank only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE MAD, deputy M.,
MAPLETED CAUSE OF DEATH (IVEN 27) (Type, Pyint)

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BALLIMA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral many	-	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination	
DA	after de	y the fu	DOVA!	cal ex	
	HOURS	of In be	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation. or removal.	medi	
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ğ	cute	00 p	urial	tic	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	pe exe	ician ar	ior to t	гапша	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)	L.	WIT	TE		2. DATE OF DEATH MONTH TO DAY	18 9T	3. TIME OF DEATH 4:17 A M		
	150-01-2401 98. FACILITY NAME (# not institution, give stru	1 M 2 F 7	3 YRS. MO	UNDER t YEAR NTHE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  08 - 13 - 17  ATH	Cour	saic, NJ		
TOR	1926 Fairfax R	oad		Anna	polis,		Anne	Arundel		
DIRECTOR	10a. STATE 10b. COUNTY	Arundel		polis	ON	La.	10d. INSIDE CITY LIMITS?  1√2 YES 2 □ NO			
FUNERAL	1926 Fairfax Ro	oad			21403		10g. CITIZEN OF USA	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY	2) NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexical XIX NO Specify	PANIC ORIGIN? (Specify Yea or No— tican, Puerto Rican, atc.)  14. RACE — American Indian, Black, Whita, etc.  Specify: White				
once. COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	NTION ompleted) College [1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use n Salesma	16b. KIND OF BUS	ness/INDUSTRY	cal				
TO BE COM										
TO F										
y	1 🔀 Hurial 2 🗆 Cremation 3 🗆 Remove 4 🗆 Donation 5 🗀 Other (Specify)	rel from State	eterans	Cemet	ery	Cro	wnsvil.			
examine	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Thomas Adaptus  22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A.  12 Ridgely Avenue, Annapolis,									
injury, or other traumatic event, the medical	23. PART I. Enter the diseases, or compose, or heart failure. L immediate or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	IAC	ARRHY	THMIA		Approximata interval Batween Onset and Death		
shows any injury, or MEDICAL CE	PART II. Other aignificant conditions DIABETES MELLI LIPIDEMIA	TUS HYF		EON,		Part I. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
S A	25. WAS CASE REFERRED TO MEDICAL		-	26. PL	ACE OF DEATH (Ch	eck only one)	-			
	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output	tlant 3 DOA 4			6 Other (Specify)				
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW IN	IJURY OCCURED			
28 Is TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,		
위 성	anal	IAN: To the best of my knowle : On the basis of examination						e(a) and manner as stated.		
TO BE COM	296. SIGNATURE AND TUFLE OF CERTIFIER 39 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DE	MT OTEN OF THE	int	D234	ABER 54	29d. DATE SIGNE	(Month, Day, Year)		
	BARRY K. NATH	AUSTRAL III	1.0. 5	1 FRAN	SKIIN :	ST. ANN	AP. N	11) 21401		
	JUL 22 1991 Jul	ia Davidson Pono	486							

STATE OF STATE OF STATE

TO THE HOSPITAL DR ATTENDING PHYS CALAM Requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR  1. OECEDENT'S NAME (First, Middle, La	st) / Mar			OF DEA	111	2. DATE OF C	EG. NO. DEATN DAY	YEAR	3. TIME OF DEATN		
Mary Agnes A		y Agnes	Ames	53.11		08	03	91	12:30		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday			R 24 HRS.	7, OATE OF B	IRTN ( Year)	8. BIRT	TNPLACE (State or Foreign		
218-07-5615	1 - M 2 X F	79 YRS.	MONTHS	DAYS HOURS	MIN.	8-2	8-11	M	Ď"		
9a. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, 1	OWN OR LOCAT	ION OF O	EATN	9c.	COUNTY OF	OEATN		
Union Memoria	l Hospitqal		Ва	ltimore	e Ci	ty					
RESIDENCE OF DECEDENT											
MD 10e. STATE 10b. COU				MORE,	MD				10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
100. STREET AND NUMBER 401 E. 25TH	ST., APT.	. 2C		101. ZIP COD			10g	U.S.	WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 Married  3 N Widowed 4 Divorced	ver Married 2 Married FORCES? 1 Y			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Ricen, stc.) 1  YES 2 NO Specify:					14. RACE — American Indian, Black, White, stc. Specify: B L A C K		
15. DECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give kind o	OENT'S USUAL OCCUPATION kind of work done during most of working of work done during most of working or NOT use retired.)  Cordan						ners		
17. FATNER'S NAME (First, Middle, Lest) JOSEPH DYERS				18. MOT	THER'S NA	THOMA	Maiden Surna	nme)			
190. INFORMANT'S NAME (Type/Print) ESTHER COLBE	RT	2 2 0 3	G ADDRESS C	Street and Number	or or Rural	ALTIMORE, MD 21218					
20q, METNOO OF DISPOSITION 1	1 LA Burial 2 L Cremation 3 Removal from State			SITION (Name ARK Ce	m.	DATE		DALLS	Town, State TOWN, MD		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. N	AME ANO ACORE	ESS OF FA		/1101	E. N	IORTH AVE.		
disease or condition resulting in death)  a. Metastatic hung Caucer  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):											
Sequentielly list conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Ofseeas or injury that initiated events resulting in death) LAST	_ d		-		-						
PART II. Other eignificent condi					given in		WAS AN AUTO PERFORMEO	?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 PA NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2 A NO  27. MANNER OF OEATN	HOSPITAL:	UV 30 2007	OTHER								
1 VES 2 NO  27. MANNER OF OEATN  1 Netural 8 Pending Investigati	1 💹 Inpatient 2 🗆 ER  28e, DATE OF INJ (Month, Day, 1)	URY 28b. T		ng Nome 8 F 28c. INJURY AT WORK? 1 FYES 2			ecify) BE NOW INJUR	Y OCCUREO			
2   Accident   Investigati 3   Suicide   8   Could not detarmine  29a. CERTIFIER   Check only one)   2   MEDICAL EXAI	28e. PLACE OF IN	IJURY At home, farm (Specify)	, street, facto	ry, office			N (Street and N wn, State)	lumber or Rure	al Route Number,		
anal .	NYSICIAN: To the best of my								s(a) and manner as stated.		
Humer She	ulil mo			29c. Lie	CENSE NU	MBER		OS/O	EO (Morth, Day, Year) 3/9/		
HUMA SHAKIL UNI	on Memori	al itespi	pe, Print)	Ol East	Uni	W. Pkw	y . Bai	timo	e 21218		
31. DATE FILEO (Manth, Day, Year)	991 32. REGISTRAR'S	SIGNATURE				М.	Ü				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AUG

	FOR 1 - STATE	STATE OF MARYL					91	21444		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF D	2. E	REG. NO.	YI	3. TIME OF DEATN		
	LUCY G. 4. SOCIAL SECURITY NUMBER	7			F UNDER 24 HRS. 7. D	ATE OF BIRTH Worth, Day, Year)	10.	BIRTNPLACE (State or Foreign Country)		
	238-54-8948 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	62 YRS.	- Carrier Ta	OCATION OF DEATN	10-10-28		N.C.		
OR	Francis Scott		, and a	Balto			9c. COUNTY	OF DEATN		
DIRECTOR	10a. STATE 10b. COUN'		12.5	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?  1  YES 2 NO		
	100. STREET AND NUMBER 1602 N. Smallwood	4 C+		Balto. 101. Zi	P CODE			OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1	12. WAS DECEDENT EVER FORCES? 1 YES	2 V NO	if yes, specif	21216 DENT OF NISPANIC OF Y Cuban, Maxican, Pur NO Specify:	RACE — American Indian, Black, White, etc. Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY									
	Sth Environmental Technician  17. FATHER'S NAME (First, Middle, Last)  James Henry Watson  Isabell						ort Me Sumame)	eade		
TO BE	19a. INFORMANT'S NAME (Type/Print)  Larry Andrews  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2905 Allendale Rd. 21216									
	20a. METHOD OF DISPOSITION 1 © Burlal 2 Cremetten 3 Rel 4 Donation 6 Jother (Specify)		bb. PLACE AND DATE Of cemetary, crematory or	r other place)				or Town, Stata		
	4 Denester 6 Other Specify) Woodlawn Cemetery Balto. County 21. SIGNATURE OF JUNERAL SERVICE LICENSEE Woodlawn Cemetery Balto. County Wm. C. March Funeral Home 4300 Wabash Ave.									
	23. PART I. Enter the diseases, or ehock, or heert failure	complications that cause List only one cause on	ed the deeth. Do not	t enter the mode	of dying, such ea	cerdiec or reepi	ratory arres	Approximate Interval Between Onset and Death		
	immediate cause (Finel disease or condition reaulting in deeth)  a. Anoxic brain injury									
z	DUE TO (OR AS A CONSEQUENCE OF):  PLES DITATIVE arrest  9 days									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF):							
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	,						
	PART II. Other algoriticent conditions Hodg Cin S		but not resulting in	the underlying o	euse given in Part	I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
N: ME								1 - YES 2		
1 7 /	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
SICI		HOSPITAL:	tpetient 3 DOA	OTHER:	The Agent Paris of The					
PHYSICIAN: MEDICAL	EXAMINER?  1	1 Depatlant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	tpetient 3 🗆 DOA 4	OTHER:  I Nursing Home  OF 28c. INJUR RY WORK	5 Residence 6 A		NJURY OCCUI	RED		
ВУ	EXAMINER? 1   YES 2   NO 27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	petiant 3 □ DOA 4 26b. TIME INJUI	OTHER:  4 □ Nursing Home  OF 28c. INJUR  WORK  1 □ YES	5   Residence 6   28d	Other (Specify)	,			
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not b detarmined  29a. CERTIFIER 1 CERTIFYING PHY	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp.	19 tentiant 3 DOA 4 28b. TIME INJUI	OTHER:  1   Nursing Home OF 28c. INJUR WORK 1   YES reet, factory, offica	5 Residence 6 28d 7 AT 28d 7 B 2 NO 28f 28f ad place, and due to the	Other (Specify)  DESCRIBE NOW II  LOCATION (Street a City or Town, State)  e cause(a) and mer	and Number or	Rural Route Number,		

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4	1 - STATE REGISTRAR		CERTIFICAT	NT OF HEALTH AND TE OF DEATH	REG. NO.						
3	1. DECEDENT'S NAME (First, Middle, Lest)  GLAO	ys K. Ado	Lph		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 212-74-7428	5. SEX 6. AGE		DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-7-00	s. BIRTHPLACE (State or Foreign Country) Naryland					
TOR	90. FACILITY NAME (If not institution, give to St. Jusenh	HOSPITAL	96. CI	Towson	DEATH Md. 1	BALTIMORE					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			N OR LOCATION		10d. INSIDE CITY LIMITS?					
	Maryland 100. STREET AND NUMBER	Baltimore		Rockdale		1 TYES 2 X NO					
ERAI	8305 Liberty Rd	1.		101. ZIP CODE 21207		USA					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			OF HISPANIC ORIGIN? (Specify Yes or No—ben, Maxican, Puerto Rican, etc.)  O Specify:  14. RACE — American Indian, Black, White, etc. Specify:  White						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	le completed)	16a. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	ne during most of working	16b. KIND OF BUSINES						
IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 Years		maker	Home	e					
	17. FATHER'S NAME (First, Middle, Last) HOWard 0.	Keen			18. MOTHER'S NAME (First, Middle, Meiden Surneme) Mary Virginia Cole						
TO BE	19a. INFORMANT'S NAME (Type/Print)  Dr. William H. Adolph  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  8305 Liberty Rd. Rockdale, Md. 21207										
	20s. METHOD OF DISPOSITION  1 No Burlet 2 Cremetion 3 Removel from State  20b. PLACE AND DATE of DISPOSITION (Name of cametage, crematory of pither place)  DUI aney Valley Memorial 8/7 Timonoum, Md.										
	21. SIGNATURE OF PUNERAL SERVICE L	21. SIGNATURE OF PUNERAL SERVICE LICENSEE  Anne F. Burnside, Jr. 6500 York Rd. Baltimore, Md. 21212									
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or reaplratory arrest, interval B. Onset and disease or condition resulting in deeth)  DUE TO (OR AS A CONSCOURNCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DEMENTIA  DEMENTIA  DUE TO (OR AS A CONSEQUENCE OF):  C. HONIC ATRIAC FIBRICLA TION  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	na contributing to death	but not resulting in the	underlying cause given	in Part I. 24a, WAS AN AUTO PERFORMED 1 YES 2 1	27 AVAILABLE PRIOR TO COMPLETION OF CAUSE					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATN (	(Check only one)						
14SI	1 TYES 2 NO	1 Inpatient 2 ER/Out 26s, DATE OF INJURY	tpatient 3 DOA 4 1	Nursing Home 5 Residence	28d. DESCRIBE NOW INJUI	פע היינופנה					
BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		WORK?	and Deporture	NY OCCURED					
	3 Suicide 6 Could not be 4 Homicide detarmined	28e, PLACE OF INJUR	RY — At home, farm, street, sectly)	factory, office	281. LOCATION (Street and h City or Town, State)	Number or Rural Route Number,					
COMPLETED	onel				due to the cause(s) and manner the time, data and place, and du	as stated.					
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIC	ER my	)	29c. LICENSE N	S886 294	d. DATE SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)	11 0	/ T						
	CERALLOS, M	n ST.	TAST-PH	HOSPITA	1 - IN(U)	SON, MD 2120					

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
40	OFFICIAL OF THE MENTAL HIGHER
AR	CERTIFICATE OF DEATH

	1 - STATE REGISTRAR	STATE UF IV	MAHYLAND / I CE	DEPAR	ICAT	T OF H E OF	DEAT	AND	MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)				IOA	L 01	DEA	IFI	REG. NO			3. TIME OF DEATH
	Judy Judie	9	Ashfo	rd					08 05		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last I			R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH		8. BIRTH	8:52 A M  IPLACE (State or Foreign
	220-14-6248	1 🗆 M 2 🗶 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	2/22/1	2	Countr	ensboro,S
	9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CIT	Y, TOWN C	OR LOCATION	ON OF D		_	INTY OF D	
OR	2703 Harlem Av	renije			P.	1+1	more			11 100		
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY											
E C						OR LOCAT					ш	10d. INSIDE CITY LIMITS?
LD	Maryland  100. STREET AND NUMBER		Ba	lti		e Ci					1 XVES 2 NO	
RA						101	. ZIP CODI	-		10g. CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	2703 Harlem Avenue  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.VAI								21215		USA	
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	ED		If yes, spe	ecify Cuba	n, Mexico	NIC ORIGIN? (Specify Yea on, Puerto Rican, etc.)	or No-	14, RACE Black	- American Indian, t, White, atc.
В	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 <b>X</b> NO	Specif	у:		Speci	); Black
9	15. DECEDENT'S EDUCA	TION	16a, DECE	EDENT'S	USUAL O	CCUPATIO	N N		16b. KIND OF BUS	SINESS/INI		этаск
Ħ.	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+	(GNe	kind of	work done se retired.)	during mo	st of workin	ng		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	001111	
1d			,									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	NER'S NA	ME (First, Middle, Maiden	Surname)		
BE (	Thomas Go	ins					El	iza	beth Boll	ar		
10	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRES	\$ (Street e	nd Number	or Dunt	Bouts Number Officer To		Code)	
-	Ella Nelson		-	390	3 W	. Ro	ger	S A	venue Ba]	to,	Md.	. 21215
	20e. METNOD OF DISPOSITION 1 Seuriel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  DATE 20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify)		West	ern	Sta	ar C	eme	tar	y Bal	time	ore.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEI	NSEE			22.	NAME AN	U ADDRES	SS OF FA	CILITY			
	•				116	Sno	Tab.	ру	ett & Son	ı Fu	nera	11 Home
	23. PART I. Enter the diseases, or co	mplicetions that	ceused the deet	h. Do r	ot enter	the mod	de of dvi	er t	v Heights	AV	enue	Approximata
	ahock, or heert failure. Lis IMMEDIATE CAUSE (Final	at only one ceus	se on each line.						The second of respire	atory or	rout,	Interval Batwean
	disease or condition	ARTEXI	SCLENCE	Пс	, 0	CR D	IOVA	8011	IND DICK	710-		Onset and Death
	disease or condition resulting in death)  a. ARTEXIOSCUEROTIC CARDIOVASCULAR PISEASE  DUE TO (OR AS A CONSEQUENCE OF):											
z												
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury											
E	thet initiated events	DUE TO (	OR AS A CONSEQU	ENCE OF	):							
E	resulting in deeth) LAST											
	PART II. Other significent conditions	contributing to	death but not res	ultina i	n the un	derlylag	COURD O	duen le	Part I Or uno au		1.0	
DICAL	ALZHI	EIMERS	DISE	19E	-	derlynig	cause y	iveii iii	PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			7130	300					1 TYES 2	NO		OF DEATH?
Σ									- ILIQPE	TOU	/	1 TYES 2 NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL					00 01	105.05.05		(NO)	ייטון	/	
Sic	EXAMINER?	HOSPITAL:	ER/Outpatlant 3 🗆		OTHER	3:			eck only one)			
Ξ	27. MANNER OF DEATH	28e. DATE OF I		28b. TIMI		28c. INJU		sidence	6 Other (Specify)  28d. DESCRIBE HOW IN			
	1 Natural 5 Pending	(Month, Day		INJ	URY	WOF	RK7   ES 2	NO.	200. DESCHIBE HOW IN	JUNY OCC	CURED	
B	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At home	, ferm, a	treet, fact		20 2	NO	281 LOCATION (Street o	and Advantage		
삗	4 Nomicide determined	building, e	tc. (Specify)			o.y, ooz			261. LOCATION (Street et City or Town, State)	nu number	or Hurai Ho	oute Number,
COMPLETED	290. CERTIFIER	No Years Assessed									_	
₹	(Check only one)  2 MEDICAL EXAMINER:	On the basis of av	ny knowledge, desth	occurre	d at the ti	ime, deta	end place,	end due	to the cause(s) and mani	ner es stat	ed.	
		An	MINIMATOR BIND	stigatio	n, in my o	pinion, de	eth occure	ed at the	time, data and pieca, end	due to the	e ceuse(s)	end manner es stated,
BE	SIGNATURE AND TITLE OF CERTIFIER	200	7	1			29c. LICE	NSE NUN	IBER	29d. DATE	E SIGNED	(Month, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WHO C	~W	77 NO	1			O.C	М.	E.	0.8	06	1991
	TO NAME AND ADDRESS OF PERSON WHO C											
	31. DATE FILED (Month, Day, Year)	71 - 11	MD 111	Pe	nn s	Stre	et.	Ba	ltimore N	ld.	2120	12
	Alic 7 199	32. REGISTRAR		2	-							
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLE

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	1 - STATE REGISTRAR		CE	RTIF	ICATE (	F DEAT	H	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES		BRYANT		Jr.	JI BEATT		DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-412-3704	1)(∑ M 2 ☐ F	i. AGE (in yrs. les 17		IF UNDER 1 YE MONTHS DA		HRS. 7.	DATE OF BIRTH (Month, Day, Year)	73	8. BIRTHPI Country)	LACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Small wood and Hollins Street Baltimore										
IREC	10a, STATE 10b, COUNT				Y, TOWN OR L					,	Od. INSIDE CITY
	10e. STREET AND NUMBER			Bronx	N.Y.					YES 2 NO	
FUNERAL	1000 Trinity Ave.	Apt.	4F	10456						ISA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 [X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAF	YES 2 N	MED	If ye	DECENDENT OF	HISPANIC ( Maxican, P	ORIGIN? (Specify Yes uerto Rican, atc.)	or No-	14 BACE	
	15. OECEDENT'S EDU	CATION	16a. DEG	CEDENT'S	USUAL OCCU	ATION		18b. KIND OF BU	SINESS/INC	MISTRY	B1ack
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)  (Give kind of work done during most of working life. Do NOT use retired.)										
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles		18. MOTHER'S NAME (First, Middle, Melden Surname)  Carlene Rustin								
TO B	19s. INFORMANT'S NAME (Type/Print) Carlene Bryant	196	MAILING	ADDRESS (Str	Λ		Number, City or Tow	n, State, Zip	Code)		
-	20s. METHOD OF DISPOSITION	20h PLACEA		Trinit	1"	nt 1	La La Calla	K N.Y	10	456	
	1 X Buriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		cometery, cran	natory or of	emetery Fairlay						
	21. SIGNATURE OF PUNERAL SERVICE LIC	Masc	1		22. NAM Mar	e and address ch Funera D Wabash	1 Home	ry		WII INA	
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	f	anth but not a	nedale - 1	- 45 4 - 1						
N: MEDICAL		contributing to de	ath but not re	suiting i	n the underl	ying cause giv	en in Part	PERFOR	PERFORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEAT	TH (Check o	nly one)			
HYS	1 X YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 E		DOA 28b. TIME	4 Nursing I	IOme 5 Resid		Other (Specify)	I III O O O		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	0.0	1991	9:29	P M 1	WORK? ☐ YES 2 🔀 N		ubject			
9	3 Suicide 8 Could not be detarmined	28a. PLACE OF It building, atc	STYPE		treet, factory, o	ffica	28t.	LOCATION (Street a City or Town, State)	nd Number	or Rural Rout	ins Sts.
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my	knowledge, dea	th occurre	d at the time, on, in my opinio	lete and place, an	d due to th	e cause(s) and man	ner as state	ed.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	11, 445				29c. LICENS					onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	10.0	MI	E	0.8	04	1991
	DONALD G. WRIGH	T, MD DCA	ME 11			reet,	Balt	timore	Marv	land	21201
	31. DATE FILED (Month, Day, Year) AUG 7 199	32. REGISTRAR'S	SIGNATURE	ndalle.							

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and completely filled in by the funeral director, page 5 should to build, cremation, or removal.	3
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AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEP	ARTMEN	IT OF I	HEALTH AND	MENTA			21448
	1. DECEDENT'S NAME (First, Middle, La	asi)		11 100	E C.	DEATH	2. DATE	REG. NO.		3. TIME OF DEATH
		J. BOCHENE					08	ITH DA		YEAR
	4. SOCIAL SECURITY NUMBER 212-34-2721	5. SEX 6. A	AGE (In yrs. lest birthda	MONTHE	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	E OF BIRTH	8	B. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give			S.			Jul	ly 26,		Maryland
5	JOHNS HOPKINS					OR LOCATION OF D				TY OF DEATN
5	RESIDENCE OF DECEDENT					ORE, MARY	YLAND		BALTI	MORE CITY
DIRECTOR	Maryland 106. cou	MTY		CITY, TOWN						10d. INSIDE CITY LIMITS?
	Maryland  10e. STREET AND NUMBER		1	Balti		Of, ZIP CODE			200100	1 XYES 2 NO
FUNERAL	1923 Aliceanna	Street				21231		/	-17	EN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13.	. WAS DEC	CENDENT OF NISPA	ANIC ORIGI	IN? (Specify Yer		. S . A . 4. RACE — American Indian,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	PORCES? 1 TXY	YES 2 NO		If yes, sp	S 2 WHO Specif	cen, Puerto	Rican, etc.)		4. RACE — American Indian, Black, White, etc.
	15. DECEDENT'S E	EDUCATION	160. DECEDENT	57				3= 44		White
COMPLETED	(Specify only highest gri	rade completed)  College (1-4 or 5 +)	(Give kind a	T'S USUAL O of work done of use retired.)	e durina mo	ON OSE of working		b. KIND OF BUS		
AP.	8	5 +		ineer			M	Munici	pal G	overnment
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Sumeme)	
BE (	Edward J.	Bochenek				Madeli		_		
5	190. INFORMANT'S NAME (Type/Print) Madeline Boch	anale				end Number or Rural				
	20a. METHOD OF DISPOSITION	T				nna St.				_
	1 Burial 2 Cremation 3 Re	amoval from State	20b.PLACE AND DAT competery, crematory of St. Sta	r other place	SITION (Na	Camatar	8-T	9-91 E	Balto.	y or Town, State Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7/ 0	22.	. NAME AN	ND ADDRESS OF FA	ACILITY			
	Karman a	C.Weber	Lecy!	Ge	eorg	ge A. We	ber	& Sons	Inc.	•
	23. PART I. Enter the diseases, D	ber & Sons	used the death. Do	70	05 S	Ann S	t. B	alto.	Md. 2	21231
	ahock, or heart failur IMMEDIATE CAUSE (Final	re. List Dnly Dne cause of	n each line.	) Hot will	lite in.	da Di uymy, au-	in sa corc	JISC Dr reapi	ratory arres	Interval Between
	disease or condition resulting in death)	Spot	ir She	-11						Onset and Death
	readiting in deating	a. Sept								Lolays
NO	Sequentially list conditions,	- a Neutr	AS A CONSEQUENCE							Imonth
ATI	If any, leading to immediate cause. Enter UNDERLYING									2 h.
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR /	Promyel, as a consequence	OF: TI	C L	rukem	ia			3 manths
IRI	reaulting in death) LAST	d. Chroni	c Umph	way hi	. le	utemia	-			10 years
_ 1	PART II. Other algnificant conditi									
CA		Dis continuing to see.	A DUI NUL resurenz	g in the un	iderlying	j cause given in	Part I.	24s. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA							-	1 - YES 2	NO	COMPLETION OF CAUSE DF DEATN?
2							-	l .		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?					LACE OF DEATN (Che	heck only on	ne)		
YSIC	1 TES 2 NO	HOSPITAL:	Dutpetient 3 DOA	OTHER 4 - Num	R:	e 5 🗆 Residence				
PH	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yes		TIME OF	28c. INJU	URY AT	1	SCRIBE NOW IN	JURY OCCUP	RED
à	2 Accident Investigation	on		M	1 🗆 Y	YES 2 NO				
	3 Suicide 8 Could not b 4 Nomicide determined		URY — At home, farm. Specify)	i, alrest, facto	ory, office		28t, LOCA	OATION (Street and or Town, State)	nd Number or I	Rural Route Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PAY									
MP	(Check only TE) CERTIFYING PNY	YSICIAN: To the best of my kn	owledge, death occur	arred et the ti	Ime, date s	and place, and due	to the cau	ise(s) end menr	ner se atated.	euse(s) end menner se atated.
	29b. SIGNATURE AND TITLE OF CERTIFIC		Mon engler	ilon, m m, .,	pimon,					
H H	-caaq	da	- MD			29c. LICENSE NUM	MBER	1		IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Ty	pe, Print)			-		A.	gust 6,1991
	MIKA KAKE	FUDA J	OHUS HEP	KINS	: Ho:	SPITAL	BA	LITIMO	RE, M	10 21205
	AUGUST 6, IRIC "	32. REGISTRAR'S S	UNIA Davidson	ישל	~					
	August 6, 1AUG 7	7 1991 5	Ma Davidson	-Nana	ALC:					

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Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020	thin 24 hours after death, rage b may be retained by the hor etely filled in by the funeral director, page 5 should be detach mation or removal	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE	TO THE FUNCACION: After this confidence has been signed by the attending physician and community filled in by the funeral director, page 5 should be detached for use as the build filled within 72 hours after death with the State beet, or Health and Mental Hotelie prior to build, cremarion or removal	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

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1991

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH DEA	AND I	MEN	TAL HYGIE		1 2	1449
		NSTPIN								ATE OF DEATH	DAY	9 PEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 056-03-4870	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDE	MIN.	7. DA	TE OF BIRTH Jonth, Day, Year)	3	Country)	LACE (State or Foreign Y York
ECTOR	9a. FACILITY NAME (If not institution, give to the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of				9b. CITY,	-		ON OF DE			111	NAY OF DE	IMP
E I	10a. STATE 10b. COUNT  10a. STREET AND NUMBER	o-lgon	ery		Y, TOWN OF			ing					Od. INSIDE CITY LIMITS?  YES 2 1 NO
FUNERAL	3519 South Le						209	06			U	.S.A	AT COUNTRY?
ED BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	MR OR DATES	10	"	YES	NO	OF HISPAN In, Maxica Specify	n, Puer	IGIN? (Specify Yorto Ricen, etc.)	na or No	14. RACE - Black, Specify:	- American Indian, White, atc. White
COMPLETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)  College (1-4 or 5 - 4 y r 5	(Gi life.	Do NOT u	work done di ee retired.)	uring mos	of worki	ng		Pub			ol System
BE CO	17. FATHER'S NAME (First, Middlin, Lest) Samue I Roths i	ein					18. MOT			st, Middle, Maidei Axel:			
TO .	19a. INFORMANT'S NAME (Type/Print)  Marian Hallen		198	410	ADDRESS	(Street an	Number	or Rural R	RO	umber, City or Too	vn, State, Zij le ,	Md, 20	0853
	20a. METHOD OF DISPOSITION  1 [X] Burial 2	ovel from Stata	206. PLACE A cemetery, cree	matory or o	ther place)			arde	1			City or Town	234
	21. SIGNATURE OF FUNERAL SERVICE LI	211	usa_	-	22. N	AME AND	ADDRE	SS OF FAC	CILITY	, AR			
	23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	ciac only one cau	CUNN		not enter t	he mod	e of dy	ng, such	as ca	ardisc or resp	iratory an	reat,	Approximate interval Between Onaet and Death Zuks
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated earners)	DUE TO	MO LY	D6	An			MP	H	MA			6wks 14em
CERTI	that initiated events resulting in death) LAST	4		OENCE OF	7:								
: MEDICAL	PART ii. Other significant condition	a contributing to	death but not re	esulting i	n the und	eriying	cauae (	ilven in F	Part I.	24a. WAS AN PERFO 1 YES	RMED?	A CO	FRE AUTOPSY FINDINGS VAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE OF O	EATH (Chec	ck only	one)			
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inputiant 2   28a, DATE OF (Month, De	INJURY	28b. TIM	T-	8c. INJUI WORI	TY AT		700	her (Specify) DESCRIBE HOW	NJURY OCC	CURED	
	3 Suicide 6 Could not ba 4 Homicide datarmined	28a. PLACE Of building,	INJURY — At hon life. (Specify)	ne, larm, s	treet, factor	y, office			28t. LC	OCATION (Street ity or Town, State)	and Number	or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of ax	my knowledge, dea amination and/or in	th occurre	d at the lim	e, data ai	nd place, th occur	and due I	o lhe c lme, de	cause(a) and ma eta and placa, ar	nner aa atst	ed. a cause(a) ac	nd mannar as stated,
#(I	SIGNATURE AND TITLE OF CERTIFIER	Ale	~	De	_	- 1	9c. LICE	NSE NUME	BER		29d. DATE	E SIGNED (M	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	HWD C	27) (Type,	Print) [][[0	9 12	sck	٤١١/٤	0 /	K M	1. Bei	Herd	A MO

32 REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215 03 1896

1. DECEDENT'S NAME (First, Middle, Last)

Vincent

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5. SEX

B.

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6. AGE (In yrs. lest birthday)

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or	9a. FACILITY NAME (If not instit					9b. C	TY, TOWN	OR LOCATION OF	F DEATH		9c. COUN	TY OF DEAT	Н
CTOR	B 135 Vest	tfie:	ld Road			S	tever	sville			Quee	n Ann	ie
DIREC		Ob. COUN	TY		10c.	CITY, TOW	OR LOCA	TION				100	I. INSIDE CITY
	Maryland	Ann	e Arunde	1	-	livie	ra Ro	ach					LIMITS?
	10e. STREET AND NUMBER		C III ON TOC			TATE		I. ZIP CODE			10g. CITIZ	EN OF WHAT	YES 2- NO
	8475 Sexto	on Di	cive					2112	2				
	11. MARITAL STATUS		12. WAS DECEDE FORCES?	NT EVER I	U.S. ARMED	1	3. WAS DEC	ENDENT OF HIS	PANIC ORIG	IN? (Specify Yes		S.A.	American Indian,
2	1 Never Married 2 X Ma 3 Widowed 4 Divorce		IF YES, OIVE	WAR OR D	ATES			ecity Cuban, Ma: 2X NO Sp		o Rican, atc.)		Black, Wi Specify:	hita, atc.
ا د	15. DECEO		World	war									White
ETE	(Specify only hi	ighest grad	le completed)		(Give kind	IT'S USUAL i of work do IT use retired	e durina ma	ON ist of working	19	b. KINO OF BUS	SINESS/INOU	STRY	
COMPLE	Elementary/Secondary  0-12 6th Grade	,	College  1-4 or !	5+)			*			Cac s	Floot	ria C	Company
	17. FATHER'S NAME (First, Middle	le, Last)			Main	enan	ce	se MOTHERIO	NAME (F)	, Middle, Maiden		110 0	Onipany
		R	obert Ca	in				IS, MOTHER S					
3	19a. INFORMANT'S NAME (Type		obero ca.	111	19b. MAII	INO ADDRI	SS /Street s	and Number or Ru		rah Cla			
2	Ethel Cain							Drive					
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH MONTH 8

7. DATE OF BIRTH (Month, Day, Year)

21450

3. TIME OF DEATH

DHMH-16 Rav 1/89

BIRTHPLACE (State or Foreign Country)



BALTIMORE, MARYLAND 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Line transit permit. Pages 1, 2, 3 should

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	20e, METHOD OF DISPOSITION 1	oval from State	20b. PLACE A	MODATE O	F DISPOSITI			OA	TE 20c. LC	CATION -	City or To	
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32. REGISTAR SOIGNATURE

BALTIMORE, MARYLAND 21215-0020	HYSICAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	me conflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	i, or removal.	medical examiner must be notified at once.
MINISTON OF VITAL RECORDS, P.O. BOX 68760,	TO THE THE DR. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO TOTAL DIFFERENCE AT IN CONTROL AS DOOR SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETELY I	the need within 72 hours affect death with the State Dept. of Health and Merital Hyglene prior to bunal, cremation, or removal.	IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF			YGIEN		21452
	DECEDENT'S NAME (First, Middle, Last)  Madeline Ai	MADELII	NE AIKEN C		DEATH	2. DATE OF MONTH		Υ	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	ly, Year)		BIRTHPLACE (State or Foreign Country) New York
	9s. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF D	EATH	7 (		Y OF DEATH
<u>آ</u> و	204 E. Joppa Rd.	Apt. 3	15	T	owson				Balto.
DIRECTOR		Lto.	10c. CIT	Y, TOWN OR LOCA TOWSON	TION				10d. INSIDE CITY LIMITS? 1 YES 2 12 NO
FUNERAL	10e. STREET AND NUMBER		015	10f. ZIP CODE				10g. CITIZE	N OF WHAT COUNTRY?
5	204 E. Joppa F	RC. , APT.		21204 U.S.A.					
À	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 V Y	ES 2 NO	1 YES 2 NO Specify: Specify:			I. RACE — American Indian, Black, White, stc. Specify: White		
E E	15. OECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	18s. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KIP	ID OF BUS	INESS/INDUS	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	vork done during me se retired.) iker	or or northing	0	wn Ho	me	
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
	John J. Aiken				Elizabe:	th Bar	rett		
2	19m. INFORMANT'S NAME (Type/Print) William S. Corker, Jr.				and Number or Rural tsville				id. 21131
	20s. METHOD OF DISPOSITION  1 Burtal 2 Cremation 3 Removal from State  20b. PLACE cametary, cre			AND DATE OF DISPOSITION (Name of emetory or other place)					y or Town, Slats
1	4 Donation 5 Other (Specify)	Madonna C			/9/91	Ft.I	ee, N	ew Jersey	
22. NAME AND ADDRESS OF FACILITY  1050 York Rd.  Ruck Towson Funeral Home, Inc.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or head failure. List acts are caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									
Senitrosilon.	shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, lift any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	notice NS/2					t, Approximata Interval Betwe Onset and Da
	d.								
MEDICAL	PART II. Other eignificant conditions	contributing to death	but not resulting i	n tha underlyin	g cause given in		WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDIN: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Che	ock only one)			
THI SICIAIN.		OSPITAL:	utpatient 3 DOA	OTHER:	e 5 🗆 Residence		a a Mal		
	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TIME	OF 28c. INJ	URY AT	28d. DESCRIE		JURY OCCUP	NED
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Total	, inst	44 000	PRK? YES 2 NO				
	2 Accident 3 Suicids 8 Could not be datarmined 28s. PLACE OF INJURY — All home, farm, street, find building, sic. (Specify)								
		N: To the best of my kn							suse(s) and menner so stated.
- 10	290. SIGNATURE AND TITLE OF CENTRES	zord u	100		29c. LICENSE NUN				GNED (Month, Day, Year)
ă					11/1	1 4 4	- 1	- /\/	
L	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	Jamshid Hamid M.D 31. DATE FILE POR 100, 100, 100, 110		4 E. Jopp		21204				

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	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy d within 72 hours after death with the State Dept. of Health and Mertal Hyglene prior to burial, cremation, or removal.	RTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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-transit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				GIENE NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) FRANK FURST DORSE	RANK	FURS	+7	BRSEY	2. DATE OF DEA	-3-4	3. TIME OF DEATH  10:35 AM
	216-05-8332	1 X M 2 🗆 F	96 YRS. M	F UNDER t YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	7-95	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the structured of the stru	E INC	9		MORE	ATH	9c. COUNTY	OF DEATH
- DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,		IRRE			10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	2211 WEST 1	BEERS	AUE		212C	19	10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 12 YES WOLLD WALL OR D	N U.S. ARMED 2 NO TES		ENDENT OF HISPAN scity Cuben, Mexicar 2 NO Specify	, Puarto Rican, a		RACE American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCJ (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Vice Pres	rk done during mo retired.)			F.G I	
BE COM	17. FATHER'S NAME (First, Middle, Last) Lloyd Dorsey		1200 2700	Jacob	18. MOTHER'S NAI			nsurance
TO B	190. INFORMANT'S NAME (Type/Print) Frank Colston Dor						or Town, State, Zip Co. 2. Garret	t Pk. MD 20896
	298 METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		b. PLACE OF DISPOSITE Office Place)	ion (Name of cer arch Cer	netery, cremetory or netery or	n 8/6	Cockeysv	or Town, State ille, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE Thomas Joseph						Home Inc.	21212
	23. PART I. Enter the diseases, or conshock, or haert failure. L.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	iat only one cause on e					reapiratory errest	Approximete interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):			10-		
CAL	PART II. Other significant conditions Consistence II S/P Strake.			tha underlying	g ceuse given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDI		HOSPITAL:		OTHER:	ACE OF DEATH (Che			
	27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	e 5 Realdence URY AT RK? /ES 2 NO		HOW INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, str noffy)			261. LOCATION ( City or Town	Street and Number or i , State)	Rurel Route Number,
COMPLETED		IAN: To the best of my know:						suse(s) and manner as stated.
B	29b. SIGNATURE AND ATTRE OF CERTIFIER	Johnt	mo-		29c. LICENSE NUN			GNED (Morth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO			rine)	el 21.	109	V	
	31. DATE FUED A Grith, Pay, You 1991	STORE DOLLAR	_			-		

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	1. OECEDENT'S NAME (First, Middle, Last			E OF DEATH	2. DATE OF DEATH		EAR S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-32 9331 98. FACILITY NAME (If not Institution, give	1 DM 2 KF 55	(In yrs. last birthday) IF UNDS YRS. MONTHS	R t YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Pay, Yea 05 -07-	9	BIRTHPLACE (State or Foreign
TOR	Deaton Hospita	1 + Medica 1	Center B	altimore			4
. DIRECTO	Maryland 106. COUN	TY	10e. CITY, TOWN	LTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAL	3706 COTTAGE	AVENUE		101. ZIP COOE 21215		,	N OF WHAT COUNTRY? JSA .
BY FUN	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 4NO	WAS DECENDENT OF HISPA If yea, specify Cuban, Maxico 1 YES 2 NO Specifi	in, Puarto Rican, atc		Black, White, atc.  Specify: BLACK
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16e, DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.  HOUSEK	during most of working )	16b. KIND OF	BUSINESS/INDUS	<b>ТР</b>
ш	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Me SEPHINE		
TO B	19a. INFORMANT'S NAME (Type/Print)  VALERIE LAVERY	N MCGEE		SS (Street and Number or Rural AIRVIEW AVE.			
	20a. METHOO OF OISPOSITION  1 52 Burlal 2 Cremation 3 Re 4 Donaiton 5 Other (Specify)	moval from Stata	other place)	Name of cometery, crematory or	200	LOCATION — CII	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE					HOME, P.A.44
	23. PART i. Enter the diseasee, or shock, or heart fellure IMMEDIATE CAUSE (Final	complications that cause List only one cause on		er the mode of dying, aud	ch as cardiac or r	aapiratory arres	it, Approximate
	disease or condition resulting in death)	o. Transtition	a consequence of):	veinoma of	the bla	dder	
TIFICATION	disease or condition	bDUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	weinoma of	He Ha	dder	
MEDICAL CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initietad events	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):		Pert I. 24a. WA	S AN AUTOPSY REFORMED?	Onset end De
MEDICAL	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DONE CONTRIBUTION TO death	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the tagent of the tagent of the tagent of the tagent of the tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagent of tagen	Underlying cause given in 26. PLACE OF DEATH (C	1 Pert I. 24a. Will PE	S AN AUTOPSY RFORMED?	COMPLETION OF CAUS DF DEATH?
Y PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initietad events resulting in death) LAST  PART II. Other significent conditions was case reference to medical examiner?  1	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the tempe	Underlying cause given in 26. PLACE OF DEATH (C	Pert I. 24a. WM PE 1	S AN AUTOPSY RFORMED? SS 2 \( \square\) NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1  YES 2 NO
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initietad events resulting in death) LAST  PART II. Other significent conditions are suiting in death LAST  PART II. Other significent conditions are suiting in death LAST  PART II. Other significent conditions are suiting in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 PHO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation are suiting investigati	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temperature of the temp	26. PLACE OF DEATH (C ER: uraing Home 5   Residence 26c. INJURY AT WORK? 1   YES 2   NO	Pert I. 24a. WAPE 1 YI heck only one)  6 Other (Specify 28d. DESCRIBE H	S AN AUTOPSY RFORMED? S 2 NO  DW INJURY OCCU	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions are sufficient conditions. The significent conditions are sufficient conditions. The significent conditions are sufficient conditions. The significent conditions are sufficient conditions. The significent conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient condi	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the table of the table of the table of the table of the table of the table of the table of the table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table of table o	26. PLACE OF DEATH (CER: ursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO letory, office	Pert I. 24a. WAPE  1 YI  beck only one)  6 Other (Specify)  28d. DESCRIBE H  281. LOCATION (S City or Rown,	S AN AUTOPSY RFORMED? S 2 NO  DW INJURY OCCU  ree( and Number or lete)	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1  YES 2 NO

TO BE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (17-00.)

10. 61 3. Chapter Signature Balturiore raler AUG

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provided to the following the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

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O. DOA 867 80, DALIIMORE, MARILAIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re-incommentation of the control of the most properties of the prosecuted within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been want of me attending physician and completely filled in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECEIVED, P.O. BOA 86/80,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law recommended to death	TO THE FUNERAL DIRECTOR: After this certificate has been that the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, or hearn and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

1 - STATE REGISTRAR	STATE OF I	/MARYLAND /		TMENT ICATE				MENTAL	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)  MARIA	B	FRI	+2					2. DATE	OF DEATH		YEAR
4. SOCIAL SECURITY NUMBER 212-09-3170	5. SEX	8. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (	DE BIRTH (Day, Year)		BIRTHPLACE (State or Foreign Country)
9. FACILITY NAME (If not institution, give a Key Medical Center	street and number)	_ W			timo	PR LOCATI	ON OF DE	EATH	0/10	9c. COUNT	Y OF DEATH
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT  Md.	Y			y, town o		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2000 Ramblewood Road						ZIP COD	1239	т		10g. CITIZI	EN OF WHAT COUNTRY?
11. MARITAL STATUS  1 \( \overline{\text{Never Married}} \) 2 \( \overline{\text{Married}} \) Married  3 \( \overline{\text{Widowed}} \) 4 \( \overline{\text{Divorced}} \)	FORCES?	T EVER IN U.S. AF		l H	yes, sp		n, Mexica	n, Puerto F	? (Specify Ye Ilcan, etc.)		4. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6	(G	ECEDENT'S Bive kind of a. Do NOT u BOOKKE	work done doe retired.)	CUPATION TO	ON et of worki	19	16b.	KIND OF BU	SINESS/INDU	
17. FATHER'S NAME (First, Middle, Last) LUGWIG Fritz								ME (First, A Bonzar	fiddle, Maiden	Sumama)	
196. INFORMANT'S NAME (Type/Print) Christine Morrisette	19e. INFORMANT'S NAME (Type/Print) 19è			amall	Roa	d Bal	or Aural	e, Md.	er, City or Tov 21227	vn, State, Zip (	Code)
1 Dentile 2 Cremetton 3 Removal from State of cometa 4 Donation 6 Other (Specify)			ACE AND DATE OF DISPOSITION (Name place) at the Poly Redeemer Aug. 8, 1991					DATE	Daltimore, Md.		
21. SIGNATURE OF FUNERAL SERVICE LIFENSEE  22. NAME AND ADDRESS OF FACILITY  Leonard J. Ruck Inc. 5305 Harford Road 21214											
23 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  S. CERBRAL EDEMA  DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CEPER DUE TO C. ATRIA DUE TO	OR AS A CONSE					≤MB¢	OLICM			
PART II. Other algorificant condition	na contributing to	death but not	resulting	in the un	derlyin	g cause	given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 P NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIJAL:			OTHE		LACE OF E	EATH (Ch	neck only on	e)		
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Definition 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  28e. DATE OF INJURY (Month, Dey, Year)  28e. TIME OF INJURY WORK?  M 1 TYSS 2 NO							URED			
2 Accident 3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — At h	ome, ferm,	street, fact	ory, offic			26f. LOC City	ATION (Street or Town, State	and Number o	or Rural Route Number,
2001	SICIAN: To the beat of										d. cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	B 1		-				ENSE NU			29d. DATE	

ILAN

31. DATE FILED (Month, Day, Year)

AUG 7

WITTSTEIN

1991

600 N.

32. REGISTRAR'S SIGNATURE
Sulla Savidson-Randale

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meurs after death. Page 6 may be retained by the hospital or attenting physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should inth the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

5

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	21436			
	1. DECEDENT'S NAME (First, Middle, Lest)	FIEL	DS		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  348-34-8617  90. FACILITY NAME (If not institution, give s	1 1 2 = F	7 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) 2-1-24	8. BIRTHPLACE (State or Foreign Country) CLYO, GA.			
DIRECTOR	SINA HORESIDENCE OF DECEDENT	SPITAL	BALTIMO	//	OUNTY OF DEATH				
DIRE	MARYLAND			IN OR LOCATION	<i>y</i>	10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER	1001/ 100	DAL	101. ZIP CODE		1 XES 2 NO			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN C	J.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yea or No—	14. RACE — American Indian,			
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 ANO	It yes, specify Cuban, Maxic 1 YES 2 X NO Spec	an, Puerto Rican, etc.)	Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 1 completed) College (1-4 or 5+)	6a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retire	one during most of working	16b. KIND OF BUSINESS/II	NDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden Surname)				
) BE	ARCHIE FIELDS  19a. INFORMANT'S NAME (Type/Print)	SR.	19b. MAILING ADDR		ELLE SINGLET				
5	JOSEPHINE FIEL		4206 E	LDERON AVE	BALTIMORE,				
	20a. METHOD OF DISPOSITION  1X Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	ovel from State 20b. P	LACE AND DATE OF DIS BY CLEODEROY OF OTHER DIS LITED RIDGE	CEMETERY		- City or Town, State MORE, MARYLANI			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4	LEROY O. DY	ETT & SON F	UNERAL HOME			
	23. PART I Emer the diseases, or c	omplications that caused t	ha death. Do not an	4600 LIBER!	TY HEIGHTS A	VENUE 21207			
	immediate Cause (Final disease or condition resulting in death)	. Pulm	une.	y Artery	hemorh	Interval Between			
NOI	Sequentially list conditions, If any, laading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
-ICAT	CAUSE (Disease or injury								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):						
CAL C	PART II. Other algnificant conditions	contributing to death but	not reaulting in tha	underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS			
MEDIC					1   YES 2   NO	COMPLETION OF CAUSE OF DEATH?			
						1 YES 2 NO			
SICI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1   Inomitted 2   FR/Dutpetlant 3   DOA								
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatie	28b. TIME OF INJURY	Pursing Home 5 Residence  28c. INJURY AT WORK?  1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW INJURY OF	CCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, street,		28f. LOCATION (Street and Number City or Yown, State)	er or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowled: t: On the basic of examination a	ge, death occurred at th	e time, data and place, and dur y opinion, death occured at the	to the cause(a) and manner as at time, data and place, and due to	ated. the cause(a) and manner as stated.			
BE	296. SIONATURE AND TITLE OF CERTIFIER	autor	MD	29c. LICENSE NU		TE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, Print)						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	JAE						
	AUG 7 199	32. REGISTRAR'S SIGNATURE SUPPLY STATES	-handelle						

FOR

Ξ	Page	9	ner
DALIIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after deem. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the liveral day be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
٥	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the II be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	cal
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7	eath	attend ntal H	y, or
2	the d	d Mei	를
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n S	quires	n sign	10WS
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1	E e	ate ha	E
>	CIAN:	ertification of the St	-
DIVISION OF VITAL RECORDS, P.O. DOA 50/50,	NH/S	this c	ked,
2	ING F	After Jeath	E
2	TEN	TOR:	28 is
2	OR AT	OUIS	Em
_	TAL	34 C	H
	HOSP	FUNE	ANT
	뿔	THE	PORT
	2	22	E

	REGISTRAR		CERTIFIC	ATE OF	DEATH_	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH		
	LILLIAN P.	terrin			W	08 06	91	12.20am		
	4. SOCIAL SECURITY NUMBER 212-20-8706	5. SEX 6. AGE (		UNDER 1 YEAR ITHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/14/03	Cour	HPLACE (State or Foreign try) MD		
	9e. FACILITY NAME (If not institution, give	etreet end number)	96		R LOCATION OF DE	EATH 90	c. COUNTY OF	DEATH		
TOR	Church Home Hospital Baltimore									
DIRECTOR	10e. STATE 10b. COUNT	Y	LTO., MD		10d. INSIDE CITY LIMITS? 1XXYES 2 \( \square\) NO					
FUNERAL	100. STREET AND NUMBER 1457 ANDRE ST	REET		101.	ZIP CODE	1230	10g. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DO	U.S. ARMED 2 AMO ATES		NAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or N I yes, specify Cuben, Mexican, Puerto Rican, etc.)  VES. 2. NO Specify:			14. RACE — American Indian, Black, White, etc. Specify: WHITE		
8	15. DECEDENT'S EDU (Specify only highest grad	JCATION is completed)	16a. DECEDENT'S USI	AL OCCUPATIO	N et of worldne	18b. KIND OF BUSINE	SS/INDUSTRY			
COMPLETED	Elementary/Secondery (0-12) 7th grade	DECO		BUCK	GLASS	co.				
	17. FATHER'S NAME (First, Middle, Last) HARVEY CLARK	Wir I	0		16. MOTHER'S NA MINNI	ME (First, Middle, Melden Surr E BRIDNER	name)			
TO BE	19a. INFORMANT'S NAME (Type/Print) SHIRLEY FERGU	SON				Route Number, City or Town, S LANE, TOWN		INTERV . MO		
	2012 METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rec	200	D. PLACE AND DATE OF	DISPOSITION	(Name	DATE 20c. LOCAT	ION — City or			
	4 Donation 5 Other (Specify)		COUDON PAR		ERY D ADDRESS OF FA		TO., M	D		
	21. SIGNAL OF FUNERAL SERVICE D	ai Dolo	2			TEVENS FUNER AVENUE BALT	AL HOM IMORE,	E, INC. MD, 21230		
	23. PART I. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. List only one ceuse on e	d the deeth. Do not each line.  Rev				ory arreat,	Approximate Interval Batween Onset and Death		
_		The ore	CONSEQUENCE OF):							
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or injury  Due to (or as a consequence of):  Cavalovasculay  Due to (or as a consequence of):									
ERTIF	that initiated events resulting in deeth) LAST	d	DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMILIABLE PRIOR TO									
EDICAL						1 TYES 2	4	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME						_	`	1 TYES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL			00.00	ACE OF DEATH (C)					
SICI,	EXAMINER?  1   YES 2   NO	HOSPITAL:		THER:		6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJ	URY AT	28d. DESCRIBE HOW INJU	JRY OCCURED			
B	2 Accident Investigation	28e, PLACE OF INJUR	/ — At home, farm, stre		YES 2 NO	261, LOCATION (Street and	Number or Run	al Route Number,		
TED	4 Homicide 8 Could not be determined	building, atc. (Spe	offy)			City or Town, State)				
COMPLET	CONTROL OTHY	SICIAN: To the best of my know NER: On the basis of examination						e(e) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIC	into House	e ollue	<u> </u>	29c. LICENSE NU 0389		Ped. DATE SIGN	ED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) Type, Pr			mp zi				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	AN .		poty		- 01			
	AUG 7 199	11 Juna waya	son-hander							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT; if Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLAND					21458
		-AMBLE 6. SEX / 6. AGE (In yrs. In		E OF DEATH	REG. NO.  2. DATE OF DEATH MONTH  7. DATE OF BIRTH	3 5	BIRTHPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street		YRS. MONTHS	y, TOWN OR LOCATION OF DE	(Month, Day, Year) 09-29-2	-/	SOUTH CAROLINA OF DEATH
TOR	MERCY HOSPIT	ral	J	BALTIMORE			
L DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	ALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	601 S. Char	les St		101. ZIP CODE	230		USA.
ВХ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 2 IF YES, GIVE WAR OR DATES	RMED 13.	WAS DECENDENT OF HISPAI If yes, apecify Cuban, Maxico 1 YES 2 NO Specif	ilC ORIGIN? (Specify Year, Puerto Ricen, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	ompleted) (0	ECEDENT'S USUAL ( Give kind of work done e. Do NOT use retired.) RETIRED	during most of working	18b. KIND OF BU	SINESS/INDUST	RY
ш	17. FATHER'S NAME (First, Middle, Last) DEE AUSTIN				ME (First, Middle, Meiden EDDIE AUST		
TO B	19a. INFORMANT'S NAME (Type/Print)	10	96. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)
-	WILLIE LEE ALEX			RTH BENTALOU			Alles Alles
	26: METHOD OF DISPOSITION 1 Disposition 3 Remov	ral from Stata 206. PLACE	olace)	lame of cemetery, crematory or	20c. LO	CATION — City	
	21. SIGNATURE OF FUN ERAL SERVICE LICE	NSEE NED. QUA	MT. ZI	JOSEPH H. B 1913 W. BALT	ROWN JR. F IMORE ST.	UNERAL	HOME P.A. C. O MD. 21223 4452
	23. PART i. Enter the diseases, or co	mpilcetions thet caused the dist only one cause on each lin	leeth. Do not ente	r the mode of dying, aud	h as cerdiec or resp	iratory arrest	Approximata interval Between
	iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) e.		bowel	obstruct	ion		Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to deeth but not	resulting in the u	inderlying cause given in	Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
N.						_	
ICIA		HOSPITAL:	OTHE	26. PLACE OF DEATH (C)	eck only one)		
HYS	1 YES 2 NO	1 (L∕Inpatient 2 ☐ ER/Outpatient 28s. DATE OF INJURY	28b. TIME OF	28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJURY M	WORK? 1 YES 2 NO			
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	nome, term, street, fe	ctory, office	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	one)	IAN: To the best of my knowledge, d On the basis of examination and/or					suse(a) and manner sa stated.
BE CO	296. BIGNATURE AND TITLE OF CERTIFIER	he mo		29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO		F44 673 (F 0-(-1)				7/1

Paul

19

Sh

30. NAME AND ADDRESS OF

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

7 199

DHMH-16 Rev 1/89

Bultmare MD

15-15

Britain Linderes

PPPA KIAGL

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BALTIMORE, MARYLAND 21215-0020

DN OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL PRESENCE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUMERAL PRESENCE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

2

	FOR 1 . STATE	STATE OF N	MARYLAND A	/ DEPAF	RTMENT	OF H	IEALTH	AND	MENTAL	HYGIENI	91	21	459
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		С	ERTIF	ICATE	OF	DEAT	ГН	2. DATE O	REG. NO.			
	- C-		-						MONTH	DA	Y	YEAR	3. TIME OF DEATH
1	Wilbur T Ga	rdner 5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF	4		91	LACE (State or Foreign
	213-07-9538	5€ M 2 □ F	00	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Country)	LHCE (State of Poreign
	9e. FACILITY NAME (If not institution, give st	reet end number)	80		9b, CITY	TOWN C	OR LOCATIO	ON OF DE		23 11	9c COII	Mar NTY OF DEA	yland
E C	Greater Balto	Modiani	Conton								* COO		
DIRECTOR	Greater Balto. RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		center				wson					Balt	.0.
뿔				10c. CIT	Y, TOWN O	R LOCAT	ION					1	Od. INSIDE CITY
	Maryland B	alto.			Tow	son						1	YES 2 NO
FUNERAL		- 1				101.	. ZIP CODE						AT COUNTRY?
y	910 Southerly							204				S.A.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 V	RMED NO		f yee, sp	ENDENT O	n, Maxica	NIC ORIGIN? in, Puarto Ric V:	(Specify Yee en, etc.)	or No	14. RACE - Bleck, ' Specify:	- American Indian, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a, DI	CEDENT'S	USUAL OC	CUPATIO	ON		16b. K	IND OF BUS	INESS/IND	DUSTRY	WIII CE
E .	Elementary/Secondary (0-12)	College (1-4 or 5+	III.	ive kind of a Do NOT us	work done of se retired.)	furing mo:	st of workin	g					
MP		4	C	ivil	Engi	neer	•		Eu	wal s	Bati	mhart	Ass.
COMPLET	17. FATHER'S NAME (First, Middle, Last)							IER'S NA	ME (First, Mid				1100
BE	William Gard	ner						Mami	e B	ehke			
0	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street ar	nd Number	or Rural F	Route Number,	City or Yown	State, Zip	Code)	
	Mrs. Winona E. G	ardner				Sa	me a	s 10	)e				
	20s. METHOD OF DISPOSITION  OCidental 2 □ Chimation 3 □ Ramo	val france State	20b. PLACE cametary, cra			TION (Na	me of		DATE	20c. LOC	ATION —	City or Town	, State
	# 1 Donation S (Specify)  21. SIGNATURE OF FUNERAL SERVICE DC	11 1	Bee/	Tree	Ceme	tery	,		7/91	Pa	rkto	n. Md	
	II. SIGNATURE OF FUNERAL SERVICE DO	1/////	. 1/		22. P	NAME AN	D ADDRES	S OF FAC	CILITY 1	050 Y			
	I may (	Gelister	h						Funer				
	23. PART I. Enter the diseases, pro- ahock, pr heart failure. L	omplications that	caused the de	ath. Do r	ot enter	the mod	de of dyle	ng, suci	h aa cardla	c or reapir	atory arr	eat,	Approximata
	IMMEDIATE CAUSE (Final	/	^	,									Interval Between Onset and Death
	disease or condition resulting in death)		arliac	ar	rest								minutes
		DUE TO	OR AS A CONSE	QUENCE OF	F):								
8	Sequentially list conditions,		Pulmo OR AS A CONSE	MM	12 41	nteg	and	VC	Aprilo	my fa	thes		4 walss
AŢ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONSE	QUENÇE OF	T):	A				1	h .	. 1	. مار.
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (	DB ASA CONSE	SIL OF	brun	clup	lity	06	literon	2	2001	2)	Ywulss
E	resulting in death) LAST	562 10 (	urlan		).								
핑													
AL	PART II. Other algnificant conditions				n the unc	deriying	cauae g	iven in	Part I. 24	le. WAS AN A			ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	to series	age rend	desces	4					1	PERFORM		C	MILABLE PRIOR TO OMPLETION OF CAUSE
ME		Ų											T DEATH?
ä									_				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ck only one)				
YSI	1 YES 2 NO	1. Inpatient 2 🗆	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Res	sidence i	8 🗆 Other (S	(pecify)			
F	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF I (Month, Da	y, Ybar)	28b. TIM	E DF URY	28c. INJU WOF			28d, DESCR	IBE HOW IN.	JURY OCC	URED	
Β¥	1 Netural 5 Pending 2 Accident Investigation		IP		M	1 🗌 Y	ES 2 🗌	NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — A1 ho itc. (Specify)	me, larm, e	tree1, facto	ry, offica			281. LOCATI City or 1	ON (Street an fown, Stete)	d Number	or Rural Rou	te Number,
PLE	29e. CERTIFIER (Check only 1. CERTIFYING PHYSIC	IAN: To the beat of r	ny knowledge, de	ath occurre	d at the sin	ne, date :	and place	and due	to the cause	e) and man	or no steel	ud.	
MO	one) 2 MEDICAL EXAMINER	On the beele of exe	emination end/or i	investigatio	n, In my op	inion, da	eth occure	d at the t	time, date en	d place, end	due to the	o couse(e) a	nd manner ee stated
U C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEI						
8 1		10				- 1	TAC FIGE	13E NUM	DEN		290. DATE	SIGNED (M	onth, Day, Year)

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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3.501 St Paul 3501

32. EGISTRAPIS SIGNATURE
GIMA DAVIDSON Pandalle

M. 06,

31. DATE FILED (Month,

DHMH-16 Rev 1/89

8/6/91

THE THE PERSON

	_	5	2	5	5	>	1	3	DIVISION OF VITAL RECORDS, F.C. DOA 13140,	5	בַ	ŝ		ċ	2	<	2	2	6	
E HC	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-75	8	ATTEN	DING	PHY	SICIAN	The	law	requir	as th	at th	e d	eath	certif	icate	Pe	execut	N pa	rithin	W 27
E FU	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	DIRE	CTOR:	After	siq	certific	ate	las L	seen si	Donc	3	the the	atten	ging	physi	cian	and	mo:	letely	filled

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2		216- 10-1105	1 □ M 2 XX	_	Inst birthday) IF U		IF UNDER 24 HRS. THOURS MIN.	7. DATE OF E	OHY G	BIRTNPLAC	CE (State or Foreign
1, 2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give street HARBOR HOSPITAL C			9b.		MORE , MD	гн	9c. COUNT	Y OF DEATH	
nit. Pages	DIRECTOR	MD 10b. COUNTY		-	BA	ALTIMO	RE CITY			X	LIMITS? YES 2 NO
an. ransit pen	FUNERAL	1415 DECATUR STRE					1. ZIP CODE 212		USA		
03-3146 attending physician. se as the burlal-transit permit. Pages 1, 2,	B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2	ARMED THO	If yes, sp	CENDENT OF NISPANIC PROBLEM CONTROL OF SPECIFY:	ORIGIN? (S Puarto Ricar	pecify Yea or No—	Black, Wi Specify:	American Indian, hite, etc. WHITE
212 ital or	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) 6th grade —	TION empleted) College (1-4 or 5+)		DECEDENT'S USU/ (Give kind of work of the Do NOT use reti SEANSTR	tone during mo red.)	ON ost of working	1815-202	D OF BUSINESS/INDU		
LAP the by the art on	BE CON	17. FATNER'S NAME (First, Middle, Lest)  JAN KUCIEJ					18. MOTHER'S NAME EWA	E (First, Middi ANTKI			
The should be notified	70	DONALD GRIGGS, JR			1415 D	ECATUR	and Number or Rural Ro		MORE, MD	, 212	230
		20s METHOD OF OISPOSITION 1 Durial 2 Cremation 3 Remov 4 Donetion 5 Other (Specify)		HOI	Pigce ROSAR	Y CEME			20c. LOCATION — C	o. CI	
BALTIM ter death Par the funeral or wal.		21. SIGNATURE OF FUNERAL SERVICE LICE	last	d	10	CHARL	DES L. STE E. FORT A	VENS			
hin 24-mours aff tely filled in by mation, or remo		23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE	n each l	ine.					161	Approximate Interval Batween Onset and Desth
OX 1314. ste be executed spician and con prior to burial, traumattic en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A  OUE TO (OR A  OUE TO (OR A	A T AS A CON	SEQUENCE OF):  AT  SEQUENCE OF):	RIA	N CHITI-	RHY	THMIA.	\$	
		resulting in deeth) LAST	CHROPIC	H	YPOKA	LEMI	A HYPOR	AGNI	ESEMIA		
AECORDS, F requires that the dear seen signed by the att of Health and Menta shows any Injury,	MEDICAL	PART II. Other algorificent conditions  PNEMIA  MITRAL CAL	CIFICAT	10N	' WITH	REG			PERFORMED?  YES 2 NO	CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE DEATH? YES 2 NO
law rept.	CIAN:	GLAUCOMA  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?	HOSPITAL:	THI		26, F	PLACE OF DEATH (Choc	ok only one)			
> CA	PHYSICIAN	1   YES 2 NO  27. MANNER OF DEATN	1 Pinpatiant 2 ER/G	RY		28c. IN	me 8 - Residence 8		Decify) BE NOW INJURY OCC	URED	
ONG DING After death	D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJ building, atc. (-	URY A		M 1 🗆	YES 2 NO		ON (Street and Number own, State)	or Rural Rout	• Number,
DIN TAL OR TAL DIRI 72 hour	COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC EXAMINER	_								nd manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	uph Sr	nal	l MD		RESID			SIGNED (MG	onto, Day, Year)
		HARBOR HOSP	ITAL	30	01 50		HANOUER	ST	BALT	Md	21230
<b>3</b> 10		31. DATE FADY Grith Pay, You 1991	32/ABGISTAM'S S	JOY-	andre			-,			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

21460

3. TIME OF OEATN

OHMH-18 Rev 1/89

91

2. DATE OF DEATH MONTH

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1	FOR STATE REGISTRAR	STATE OF MARYLAN		IT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) Raby Boy		C		2. DATE OF DEATH MONTH	AY QYEA	5 B A
	4. SOCIAL SECURITY NUMBER	1 Ø M 2 □ F	YRS. MONTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. DATE OF BIRTH (Month, Day, Year)	Bal	
5	9a. FACILITY NAME (If not institution, give at University Hospi RESIDENCE OF DECEDENT	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	9b. CF	ry, town on Location of D Baltimore	EATH	9c. COUNTY O	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	na	10c. CITY, TOWN	altimore	36	WZ	10d. INSIDE CITY LIMITS?
ELMI	100. STREET AND NUMBER 1114 N. Strick		's Add)	10f. ZIP CODE 2121			USA
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	8. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 — YES 2 NO Speci	en, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16d Completed) College (1-4 or 5+)	Give kind of work dor life. Do NOT use retired	e during most of working !.)	16b. KIND OF BU	ISINESS/INDUSTF	NY
	17. FATHER'S NAME (First, Middle, Last) Donita L. Holm	es		18. MOTHER'S N.	AME (First, Middle, Maider	n Sumame)	100
2	19a. INFORMANT'S NAME (Type/Print)  Donita I. Holmes 20a. METHOD OF DISPOSITION			Stricker St,	Baltimore		217
	4 Donation 6 Other (Specify) 1 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final	Conald Wad	5/91	2. NAME AND ADDRESS OF F	more St, Ba		
	44	DUE TO (OR AS A CO	05 -	atory Fr	arline		166
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	e Mer	naturity	>		8his
į	PART II. Other significant condition	s contributing to death but	not resulting in tha	underlying ceuse given is		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF DEATH (C	Check only one)		-
rnisiciais. Medic	1 NES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	1 Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	tursing Home 5 Reeldence  28c. INJURY AT WORK?  1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	60
ED OT	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, street, i		261. LOCATION (Street City or Town, State	t and Number or R	ural Route Number,
COMPLETE	anal	CIAN: To the best of my knowledger: On the beats of examination of					use(e) end manner ee stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	midlesin	Do	29c. LICENSE NI	UMBER	29d. DATE SIG	27/9(
		Rfleisch DO.	Dept of	Neoratolo	100 82 32 3	S. Gree	21201
	AUG 7 1991	pe. REGISTBAR'S SIGNATU	andoll				

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he hospital or attending physician.	detached for use as the burial-transit permit. Pages 1, 2, 3 sho	once.
IPPL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen this section.	TH Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PTAL OR ATTENDING PHYSICIAN: The law requ	THE DIRECTOR: After this certificate has been a hours after death with the State Dept. of	T if item 28 is marked, or item 23 sho

GAR 27462	^
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	1 - FOR STATE OF N		IENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	91/2/462-
	1. DECEDENT'S NAME (First, Middle, Last) GERTRUDE HARDING/			2. DATE OF DEATH MONTH BAY	YEAR 3. TIME OF DEATH 8254 A M
	4. SOCIAL SECURITY NUMBER  216-52-6294  5. SEX  1   M 2X) F		UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN,	7. DATE OF BIRTH (Mogth, Day, Year) 02-11-16	6. BIRTHPLACE (State or Foreign Country) S . C .
OR	* CHURCH THOSP ITTAL CORP	ORATION 96	BALTIMORE O	PC. C	OUNTY OF DEATH
5	RESIDENCE OF DECEDENT  10s, STATE  10b, COUNTY	Les CITY T	OWN OR LOCATION		Total Major City
DIRECTOR	MD		IMORE, MD		10d. INSIDE CITY LIMITS?
FUNERAL	2713 E. BIDDLE STREET	186	21213	10g.	U.S.A.
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDEN FORCES? 1  IF YES, GIVE V	IT EVER IN U.S. APMED  YES 2 NO WAR OR DATES	13. WAS OECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify		- 14. RACE — American Indian, Black, White, etc. Specify: BLACK
0	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US		16b. KIND OF BUSINESS	/INOUSTRY
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  6 T H  College (1-4 or 5	Me. Do NOT use re	done during most of working tired.)  EWIFE		
BE COM	17. FATHER'S NAME (First, Middle, Lest) CALVIN LEE			AME (First, Middle, Meiden Suman I E	ee
TO B	190. INFORMANT'S NAME (Type/Print) BELINDA HARDIN	195. MAILING AD	DRESS (Street and Number or Rural 81st ST. A	PT . 4E / 2.7 J	York, N.Y.
	20a. METHOD OF DISPOSITION 1\( \bigcit{\Omega}\) Buriel 2 \( \bigcit{\Omega}\) Cremetion 3 \( \bigcit{\Omega}\) Removal from State 4 \( \bigcit{\Omega}\) Donation 5 \( \bigcit{\Omega}\) Other (Specify)	BALTIMORE	OISPOSITION (Name	DATE 20c. LOCATION	MORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	iomio	22. NAME AND ADDRESS OF FA		E. NORTH AVE.
	23. PART Enter the diseases, or complications the	ot caused the death. Do not	anter the mode of dving, sur	ch as cerdiec or respiratory	srrent, Approximate
	shock, or heart fellure. List only one cel	use on each line.	SCULAR		Interval Between
z	DUE TO	(OR AS A CONSEQUENCE OF):			
CATIO	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEQUENCE OF):			
CERTIFICATION	that initiated events resulting in death) LAST	(OR AS A CONSEQUENCE OF):			
	PART ii. Other significent conditions contributing to	death but not requiting in	he underlying course siven in	Part i. 24a, WAS AN AUTOR	PSY 24b. WERE AUTOPSY FINDINGS
EDICAL	MYOCAR DI			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ.				7.0	1 120 1 100
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	theck only one)	
S	EXAMINER?  1 YES 2 NO  1 Inpatient 2		THER:  Nursing Home 8 Residence	8 Other (Specify)	en and
Y PHYSICIAN:	27. MANNER OF DEATH 28e. DATE Of (Month, I		F 28c, INJURY AT	28d. DESCRIBE HOW INJURY	OCCUREO
ETED BY	3 Suicide 28e. PLACE (	OF INJURY — At home, ferm, atre , etc. (Specify)	et, factory, office	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro				
TO BE C		mi me	1/ 1/	3 2 2 <b>▶</b>	DATE SIGNEO (Month, Day, Year) 8/5/9/
F	DR. NAZEMI, M.D.			RE,M.D. 212	31
	31. DATE FILED (Month, Day, Year) 32. REGISTR 7. 1991 June Sa	ar's signature			

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	THE PARTY IS NOT THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T
2	23	20.00

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 07 91 3 1 Sur on 7:40 P 5. SEX 6. AGE (In yrs. lest birthday, 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 4 2 F -44-0349 21 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR RTE 10 & I-695 GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OB LOCATION 10d. INSIDE CITY LIMITS? to 1 YES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2/20 u 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 100 Specify: 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 DES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 IF YES, GIVE WAR OR DATES 3 Wido 4 Divorced 61 ack COMPLETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most
life. Do NOT use relied.) 16b. KING OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) river be notified at once 17. FATHER'S NAME (First, Middle, Last) BE 19b. MAILINO ACCRESS (Street and Numb 2 206 PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION examiner THAL SERVICE LIGENSER RESS OF FACILITY 0 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the state disease or condition resulting in death) INJURY DUE TO (OR AS A CONSEQUENCE OF) traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury injury, or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence & Other (Special NTERSTATE ROAD marked, or 4 Nurs 27. MANNER OF DEATH 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 3 1 /9 1 5 Pending Investigation 1 Natural
2 Accident
3 Sulcide 5:15P M Driver in auto accident BY 2 NO 28s. PLACE OF INJURY item 28 is ETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town State) Could not be <sup>otc.(Spocify)</sup> Interstate Roadway 4 Homicide RTE 10 and I-695 COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner sa stated. 2 MEDICAL EXAMINER: On the basis atigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CERTI 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) O.C.M.E. 08/01/91 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MP111 MARIO PENN STREET, BALTIMORE, MARYLAND 21201 a Devidson-Randall

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, M.	BALTIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Two after death. Page 6 may be retained by the host	e 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ector, page 5 should be detache
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	must be notified at once.

91 21464 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MAR			OF HEALTH		MENTAL HYGIEN		1 2	1464	
1. DECEOENT'S NAME (First, Middle, LALEX	ANDER HOLL	,EY				2. DATE OF DEATH DAY 5 1991 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER  219-03-6858  9a. FACILITY NAME (If not institution, g)	1 🔀 M 2 🗆 F	GE (in yrs. lest birthday) 85 vns.	MONTHS	YEAR IF UNDER	MIN.	7. DATE OF BIRTH		6. BIRTHPLA Country) Newber		
6617 Springmill	Circle			Baltimo						
Maryland 106, cou	-	10c. Ci	TY, TOWN OR Balt	LOCATION LMOTE C	ity				d. INSIDE CITY LIMITB?	
10e. STREET AND NUMBER				10f. ZIP COD	E			EN OF WHA	T COUNTRY?	
6617 Springmill  11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 U V IF YES, GIVE WAR O	ES 2 JNO	11		OF HISPAI	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)		USA  14. RACE — Black, W  Specify: ]	American Indian, hita, atc.	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT' (Give kind of life. Do NOT)					16b. KIND OF BI	JSINESS/INDU	JSTRY		
17. FATHER'S NAME (First, Middle, Last) James Holle				(	luss	AME (First, Middle, Maide ey William	ns			
100. INFORMANT'S NAME (Type/Print) David Glen Ho	lley					Route Number, City or To e Balto.		Code)		
20s. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 1 4 Donation 5 Other (Specify)	Ramoval from State	20b. PLACE OF DISPO	OSITION (Nam	e of cemetery, crer	natory or	20c. L	ocation - c			
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		ĽĽ	ROY O.	ss of F	ETT & SO Y HEIGHT	N FUN	VERAL	HOME	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	DUE TO (OR	AS A CONSEQUENCE (	OF): OF):	e e R						
resulting in death) LAST	d									
1 VES 2 NO COMPLETION OF DF DEATN?								MILABLE PRIOR TO OMPLETION OF CAUSE		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF I	EATH (C	heck only one)				
1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	1 Inpatient 2 ER	JRY 286, T	Y 28b. TIME OF 26c. INJURY AT WORK?				6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED			
2 Accident Investigation Investigation Suicide 6 Could not be determined M 1 YES 2 NO 288. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 288. LOCATION (Street and Number or Rural Route Number, City or Rwn, State)								te Number,		
don't birry	HYSICIAN: To the best of my t								nd menner as stated.	
296. SIGNATURE AND TITLE OF CERT	Nox	MD F DEATH (ITEM 27) (THE	oe, Print)	29c. LIC	ENSE NU	7928	29d. DATE	SIGNED (M	onth, Day, Year)	
31. DATE FILED-(Moath, Day, Year) AUG 7 199	32. REGISTRAR'S	SIGNATURE							,	

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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho
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	DISPIT

3;	1. DECEDENT'S NAME (First, Middle, Last) Lemuel E. Hollar								2. DATE OF DEATH MONTH 2DAY 9 YEAR			WEAR	3. TIME OF DEATH		
H	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In			at birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.								9:47 A.  PLACE (State or Foreign			
	244-34-8899	1 🕅 M 2 🗆 F			MONTHS	DAYS	HOURS	MIN.		Day, Year)	1928	Countr	Carolina		
	9e. FACILITY NAME (If not institution, give		9b. CITY,	TOWN	OR LOCATI	ON OF DI		. 10,		NTY OF D					
	GBMC - Towson				Tow	son				Bal	ltimo	ore			
3	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		-	10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY		
DIMEGION	Md.	Baltimor	е					For	k				LIMITS?		
1	10e. STREET AND NUMBER	0.0				10	f. ZIP COD		E1		10g. CITI	ZEN OF V	WHAT COUNTRY?		
LONEHAL	۲.	0.Box 56						210	71		U.	S.A.			
2	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 X Obvorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 I WAR OR DATES		1.30	yes, sp		m, Mexica	NIC ORIGIN? an, Puerto Ri fy:		or No-				
	15. DECEDENT'S ED			CEDENTI	USUAL O	OM ADATA	ON		405	KIND OF BU	00000000	LIOTON	White		
	(Specify only highest grad	le completed)	(G	ive kind of Do NOT u	work done o	luring mo	ost of work	ing	100.	CIND OF BU	314E33/14E	703 INT			
COMPLE	12 yrs.	College (1-4 or 5		ce p	resid	lent			C	ircul	ar Ad	dver	tising Co.		
5	17. FATNER'S NAME (First, Middle, Last)							HER'S NA	AME (First, M.	ddle, Maiden	Sumame)				
	James	Edward	Н	olla	r			Jane			Set	tzer			
2	190. INFORMANT'S NAME (Type/Print) Mrs. Helen Spa	ngler	19	P.	O.Bo	(Street	and Numbe	or Aural	Md.	x; City or Tow	n, State, Zk	Code)			
	20a, METHOD OF DISPOSITION		20b. PLACE					. 8	-5-91		CATION —				
	A Donation 5 Other (Specify) Moreland Memorial Park Parkville, M														
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  E.F. Lassahn Funeral Hom														
	11750 Belair Rd.Kingsville, Md. 21087														
z	resulting in deeth)	OUENCE C													
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	O (OR AS A CONSE	EQUENCE OF):												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	O (OR AS A CONSE	SEOUENCE OF):												
	PART II. Other significant condition	ne contributing t	o death but not	regulting	in the ur	derlyle	20 001100	aluan in	Bart I	24s, WAS AN	AITTOREY	Lan	WERE ALTOROV ENDIN		
<b>§</b>	HR/7	continuently (	o agent put not	. asuluilg	ai aie di	- agriyer	A canse	Aisaii III	rait I.	PERFO	RMED?	245	AMILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	d'inhere!					1 TES 2				2   NO	OF DEATH?				
	Shoven	,											1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C	heck only one	)					
	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	B DOA	OTHE		me 8 🗆 F	tesidence	8 🗆 Other	(Specify)	1		F5 F7		
È	27. MANNER OF DEATN	28e. DATE C	DE INJURY Day, Year)	28b. Til		28c. IN	JURY AT			CRIBE HOW	INJURY OC	CURED			
	1 Natural 5 Pending 2 Accident Investigation		1	М		YES 2	□ NO								
3	3 Suicide 8 Could not be datermined	orne, ferm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	Torroom orny	SICIAN: To the best	9												
	296. SIGNATURE AND TYPE OF CERTIFIC		V WARRING BINGS OF	ilivostigat	1011, 111 my 1	pinion,	,		the time, date end place, end due t						
H H	19 Land	(a	non	7					NSE NUMBER 29d		29d. DA	2/2	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CA	USE OF DEATH /IT	M 27\ /5~	e Print)		67	- (				011	1		
	Dr. Richard Ca	rey 9501	Frankli	n Sq	. Dr	Ba	alto.	, Mo	1. 212	237 St	iite	309			
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE	-1 109	. 2/1	De		, THE	** CTC	-71 101	0 C	107			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

21465

DHMH-t8 Rev t/89

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND NTE OF DEATH	MENTAL HYGIEN REG. NO		1 21400		
	1. DECEDENT'S NAME (First, Middle, List) CHARLES JONES					AY YE			
		5. SEX 8. AGE (In yr 1 1 M 2 □ F 6 4	rs. lest birthday) IF L YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/15	/27	MRTHPLACE (State or Foreign Country)  MD		
NC.	CHURCH HOSPITAL	"CORPORATIO	)N	BALTIMORE OF	CITY	9c. COUNTY	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD			WN OR LOCATION MORE, MD			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 242 N. DALLAS C	Т.		101. ZIP CODE 21231			S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	≥ [X] NO	13. WAS DECENDENT OF HISP If yee, specify Cubert, Maxi 1 YES 2 NO Specific	cen, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: B L A C K		
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 9 T H		e. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most of working	LONG S		EN ASSOC.		
BE CON	17. FATHER'S NAME (First, Middle, Last) JAMES JONES				NAME (First, Middle, Melden WILLIAMS				
TO B	19e. INFORMANT'S NAME (Type/Print)  CELESTINE JONES  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  242 N. DALLAS STREET/BALTIMORE, MD 21231								
	20s. METHOD OF DISPOSITION 1 All Burial 2 Cremation 3 Remov	ral from State 20b. PI	BUTUS M	OISPOSITION (Name EMORIAL PAR		RBUTUS			
	21. SIGNATURE OF FUNERAL SERVICE LICES			WM.C.MARCH		)1 E.	NORTH AVE.		
	23. PART I. Enter the diseases, or co shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	let Drily Drie cause on each	Carc	neter the mode of dying, so	uch ss cerdlec or reep	fratory srrest,	Approximete Interval Between Onset and Death		
NO	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
ERTII	that initiated events resulting in death) LAST								
MEDICAL	PART II. Other significent conditions	contributing to death but	not resulting in the	e underlying cause given	In Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	La	26. PLACE OF OEATH (	(Check only one)				
IXSI	1 U YES 2 X NO	1 Inpatient 2 ER/Outpatk		Nursing Home 5 Resident					
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stree	t, factory, office	281. LOCATION (Street City or Town, State	f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	Correct Only	IAN: To the best of my knowled : On the basis of exemination a					ause(s) and manner as stated.		
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	Have Stop		29c. LICENSE P	NUMBER		GNED (Month, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON WHO				17	1 0/	17/		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

CHURCH

Luna Savidson-Randoss

HOSPITAL.

CHAGLA

RAJESH

31. DATE FILED (Month, Day, Year) 8/5/9 AUG 7

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

Ç	the hos	detach	once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach has find within 72 hours after death with the State Dade of Health and Mariel Michael Andrea and Anthrea Andrea Indiana and a normalized and the funeral director, page 5 should be detach	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	出出	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral within 70 hours after death, with the Grate Date of Marth, and Martial Hurison Edge to hand, commercial	DRTA
	101	101	T.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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265-06-4930	1 □ M 2X(F	7 YAS. MONTHS D	HOURS MIN.	(Month, Day, Year)		Country)
94. FACILITY NAME (If not institution, give stre  St. Hylls HE  RESIDENCE OF DECEDENT	of and number) Spital	96. GITY, TO	HINGU	EATH	9c. COUNTY	
10a. STATE 10b. COUNTY		10c. CITY, TOWN OR L	OCATION .			10d. INSIDE CITY LIPT, S? 1 7 (ES 2 PINO
701 CON	ed.		101. ZIP CODE 2/20	27-3899	10g. CITIZEN	U-S. A
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	I2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES	NO If yo	DECENDENT OF HISPAI s, specify Cuban, Maxica YES 2 NO Specif		or No — 14.	RACE — American Indian, Black, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade co	Impleted) (G	ECEDENT'S USUAL OCCU 3he kind of work done during b. Do NOT use retired)	g most of working	16b. KINO OF BUS	INESS/INOUS	TRY
17. FATHER'S NAME (First, Middle, Last)	Johnson		18. MOTHER'S NA	ME (First, Middle, Maiden :	Bro	20K5
190. INFORMANT'S NAME (Type/Print)  515. ALEXIS FIS  200. METHOD OF DISPOSITION	her	701 GUN	Rd.	21227	-38	99
1   Burlel 2   Cremetton 3   Ramovid 4   Donation 8   Other (Specify)   21. SIGNATURE OF FUNERAL SERVICE LICEN	al from Stata cemetery, cre	and DATE OF DISPOSITIO	Park E AND AGORESS OF FA	8-9-91	Balt	or Town Stede
23. PART I. Enter the diseases, or con	March	4	Narch Fur	recel Hom	R	10 Watesh An
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT OF TO (OR AS A CO	DUENCE OF):	of 1	nome stome	ch	Intervel Between Onast and Dasth
PART II. Other algorificant conditions of	contributing to deeth but not r	eeulting in the under	ying cause given in	Pert I. 24s. WAS AN A PERFORI	AED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
1 YES 2 0 NO 1	IOSPITAL: Inpetient 2 - ER/Outpetient 3	OTHER:	Nome 5 Rasidenca			
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	M 1	INJURY AT WORK?  YES 2 NO	28d. OEŞCRIBE NOW IN	JURY OCCURE	:0
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY At hot building, atc. (Specify)	me, farm, streat, factory, o	Nica	281. LOCATION (Street an City or Town, State)	nd Number or A	ural Route Number,
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	N: To the best of my knowledge, dec On the basis of axemination and/or i	sth occurred at the time, investigation, in my opinio	data and place, and due n, death occured at the	to the cause(a) and mann time, data and placa, and	er as stated.	use(a) and manner as stated,
29b. SIGNATURE AND TITLE OF CERTIFIES	arkaran		D214	69	29d. OATE SIG	SNEO (Month, Day, Year)
30. NAME AND AODRESS OF PERSON WHO C	1.01-1.1	1 3455	wilke	MA AVE	Ba	etimore 21229
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Yamball .				

21467

3. TIME OF DEATN

9-40 A M

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) at

3. TIME OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunix be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	IDAV. JONES						Ö	8	56	91	3 AM
	4. SOCIAL SECURITY NUMBER 5. SEX	last birthday)	IF UNDER	DAYS	IF UNDER 24 HR	5. 7. DAT	E OF BIRTH onth, Day, Year)	0.0	8. BIRTHPLA Country) VIRG	CE (State or Foreign	
	227-18-8148 1 - M 2 DF  9a. FACILITY NAME (If not institution, give street and number)	3 YRS.	Oh CITY	DAYS HOURS MIN. (Month, Day, Year) 4 - 29 - 08 VIRG TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEA							
<u> </u>						IMORE		Y	96.000	NIT OF CEAT	N .
5	RESIDENCE OF DECEDENT						CIT				
	MARYLAND 106. COUNTY			Y, TOWN O			Υ				I. INSIDE CITY LIMITS?  YES 2 NO
7	10e. STREET AND NUMBER				10f.	ZIP CODE				IZEN OF WHA	T COUNTRY?
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BY FUNERAL DIRECTOR	1 News Married 2 Married FORCES?	ENT EVER IN U.S. 1 YES 2 WAR OR DATES	NO	H	yes, spe	endent of His city Cuben, Me 2 NO Sp	xican, Puer	GIN? (Specify Yoto Ricen, etc.)	es or No	14. RACE — Black, W Specify: BLAC	American Indien, hite, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S	work done d	CUPATIO	N t of working	1	16b. KIND OF B	USINESS/INC		
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2	190. INFORMANT'S NAME (Type/Print)  VIRGINIA TAYLOR	ľ				ING A		BALT		D. 21	215
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	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	200	10 10 11	22.1	NAME AN	D ADDRESS OF		4300	WABASH		
	TO SULL OF	010				MARCH F					
			lina.		tha mo	sa or dying,	auch as c	erolac or rea	piratory ar	rest,	Approximata Interval Between Onset and Death 5 DAYS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. CARDIAC ARREST  DUE TO (OR AS A CONSEQUENCE OF):  oue TO (OR AS A CONSEQUENCE OF):									77	
MEDICAL	PART II. Other eignificant conditions contributing	to death but n	ot reaulting	in the un	dariying	cause giver	n in Part I.		N AUTOPSY ORMED? 2 NO	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE DEATH?
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Y PHYSICIA	1 Netural 5 Pending	OF INJURY Day, Year)	26b. TIN		28c. INJ WO		28d.	DESCRIBE HOW	INJURY OC	CURED	
2 Accident investigation 2 Set LOCATION (Street and Number or Street factory office.										e Number,	
COMPLETED	29e. CERTIFIER (Check only orie) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basic of										nd manner se stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER  Compare Kochen Normale		1			29c. LICENSE	NUMBER		29d. OA	TE SIGNEO (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF DR. GURPREET K. NARUZ	AUSE OF OEATN	(ITEM 27) (Type	HOSP	ITA	L, B	ALT	MOR	5		
	DR. GURPREET K. NARULA, SINAI HOSPITAL, BALTIMORE  31. DATE FILED (MONTH, Day, 1981) 7 199 Suchia Davidson - 1991										

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OF VITAL RECORDS, P.O. BOX 13	The law requires that the death certificate be exect
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		1 - FOR STATE OF MARYLAND / DI CEF	EPARTMENT OF HEAL RTIFICATE OF DE		HYGIENE REG. NO.					
		1. DECEMENT'S NAME (First, Middle, Last)	<i>V</i> .	2. DATE O	F DEATH DAY YEA					
		SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest bit	(Months DAYS HOU	INDER 24 HRS. 7. DATE O		PATHPLACE (State of Foreign ountry)				
3 should	Į.	9a. FACILITY NAME (If not institution, give atreet and number)	96. CITY, TOWN OR LO	CATION OF OEATH	9c. COUNTY C	DF OEATH				
1. 2. 3	CTOR	VA mudical almaler residence of decedent	Balter	nou ala	18 Bell	amal				
Pages	DIREC	100. STATE 10b. COUNTY  Bulkmal	0c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?				
permit.	A	10e. STREET AND NUMBER	10f. ZIP	CODE	10g. CITIZEN	OF WHAT COUNTRY?				
physician. burial-transit permit. Pages	FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME		D2122 ORIGIN?		RACE — American Indian,				
	BY F	1 Never Married 2 Married   FORCES? 1 X YES 2 NO   IF YES, GIVE WAR OR DATES	If yes, specify (	Cuban, Maxican, Pueno Ri NO Specily:	can, atc.)	Specify:				
the hospital or attending detached for use as the once.	TED	(Specify only highest grade completed) (Give	DENT'S USUAL OCCUPATION kind of work done during most of v	working 16b.	KIND OF BUSINESS/INDUST	7 / COC				
ospital o	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	NOT use remod.)	1	REtired					
by the hospital or attend be detached for use as at once.		17. FATNER'S NAME (First, Middle, Last) Anthony J. Jakowski		MOTHER'S NAME (First, MI	iddle, Maiden Surname)					
	TO BE	19a, INFORMANT'S NAME (Type/Print) 19b. N	IAILING ADDRESS (Street and Nu	umber or Rural Floute Number		9)				
Jeath. Page 6 may be retained funeral director, page 5 should warning to notified warning to notified		20s. METHOD OF DISPOSITION 20b. PLACE OF	00 S. 46 <sup>th</sup> Str		20c. LOCATION — City	or Town, Stata				
age 6 ma director, p		1 XBurial 2 Cremation 3 Removal from State other place 4 Donation 5 Other (Specify) HO Ly  21, SIGNATURE OF FUNERAL SERVICE LICENSEE	Rosary	DODESC OF EACH ITY	Baltimor	e, Md.				
death. Pag tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Walter Dabrowski Funeral Chapel 1005 DUndalk Avenue 21224								
after by the mova		23. PART I. Enter the diseases, or complications that caused the deat shock, or heart fellure. List only one cause on sach line.				Approximats Interval Between				
y filled in ation, or re		IMMEDIATE CAUSE (Finel disease or condition	En luna			Onset and Death				
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he death certificate be executed within 24 the attending physician and completely fille Mental Hygiene prior to burial, cremation, njury, or other traumatic event, the	TION	Sequentially list conditions, if eny, leeding to immediate	NOE OFFE							
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the death certificate the attending physical defents hygiene pri injury, or other tr	CERT	resulting in deeth) LAST								
A no at	CAL	PART II. Other eignificent conditions contributing to death but not res	ulting in the underlying ceu	use given in Part I.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
E 56 8	MEDI				1 TES 2 NO	DF DEATH?				
has beer Dept. of 23 sh		25. WAS CASE REFERRED TO MEDICAL	26 PLACE	OF DEATH (Check only one	, is					
PHYSICIAN: The law requires thing this certificate has been signed with the State Dept. of Health in the time 23 shows an idea, or item 23 shows an	PHYSICIAN:	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Ainputient 2 ER/Outputient 3	OTHER:	☐ Residence 6 Other	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	dical cente				
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TEATING PHYSICIAN: The law requires IDE Amer this certificate has been sign. In the State Dept. of Healt 8 is marked, or item 23 shows	ED BY	2 Accident investigation 3 Suicide B Could not be determined 28e. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, factory, office	28f. LOCA City o	TION (Street and Number or R or Town, State)	ural Route Number,				
The se	COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death	occurred at the time, data and	place, and due to the cau	se(a) and menner as stated.					
TANE		One) 2 MEDICAL EXAMINER: On the basis of examination and/or inv 29b. SIGNATURE AND TITLE OF CERTIFIER		occured at the time, data	The second second	SNED (Month, Day, Year)				
TO THE HUSE TO THE FLUE De filed HUTE IMPORTANT:	TO BE	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM:		S. EIGENSE NOMBEN	► 8 3	5/91 33/m				
		mary E. Clarke VA mes	tical cen	fer						
ĺ		31. DATE AU 57 Day, 1807) 1991 32. REGISTRAR'S SIGNATURE	20							

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DIVISION	SPITAL OR ATTENDING PARTY	ERAL DIRECTOR ATTACK	in 72 hours after death with th
DIVISION	HE HOSPITAL OR ATTENDING PARTY THE law requires that the death certificati	FUNERAL DIRECTOR ATTERED	within 72 hours after death with th

			EMMA M.	KENNI	EDY				2. DATE OF DEATH MONTH 8 - 4 -	91		6:30 P.M
P		4. SOCIAL SECURITY NUMBER 217-50-4255	1 M 2 F	NGE (In yrs. lest	YRS. MOM	THP DAYS		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 - 21 - 1	898	a. BIRTNPI Country) MD	LACE (State or Foreign
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permit. Pages	DIR		NTY		10c. CITY, TO		rows (	N				Od. INSIDE CITY LIMITS?  YES 2 NO
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priysician. burial-transit	FUNE	404 GEORGIA CT	12. WAS DECEDENT EVE	FR IN II S ADA	450	12 900 00		204	IC ORIGIN? (Specify Yea		.S.A	
E E	В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 _ YES, GIVE WAR O	ES 2 N	0	If yea, a	specify Cuba	n, Maxican Specify:	, Puarto Rican, atc.)		14. HACE - Black, V Specify: WHIT]	- American Indian, White, atc.
r use a	TED	15. DECEOENT'S EOU (Specify only highest grade	completed)	16a. OEC	EOENT'S USUA to kind of work of Do NOT use retir	AL OCCUPAT	TON Post of working	g	16b. KINO OF BUS	INESS/IND	DUSTRY	
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director, p		Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	Oval from Stata	cemetary, crem	NO DATE OF DIS natory or other pil ON PA	RK		8	8-6-91	BA:	City or Town	OF CITY
653		21. SIGNATURE OF FUNERAL SERVICE LIC	PALEOTI			22. NAME A	TENRY	S OF FAC	JENKIN RD.BALTO	S AN	D SO	NS
by the		23. PART I. Enter the diseases, or cahock, or heart fellure	complications that cau	sed the dea	th. Do not e							
		IMMEDIATE CAUSE (Fine)	List only one couse of	n eech nne.								Approximete interval Batwean Onset and Death
n and completely fille to burial, cremation, matic event, the		rooting in deality	OUE TO (OR A	S A CONSEO	ENCE OF):	1.	7	40/	:4 1	()		715
ing physician and completely filling physician and completely filling prior to burial, cremation, other traumatic event, the	RTIFICATION	if any, leeding to immediate	DUE TO (OR A	S A CONSEQU	JENCE OF):	2516	- Car	Qu	VISCULA	RD,	Sem	445
attending physician mal Hygiene prior t	FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	c. OUE TO (OR A	S A CONSEOU	JENCE OF):							
B H	CERT	resulting in deeth) LAST	d									
e 8 €		PART II. Other significent condition	s contributing to deet!	h but not res	suiting in the	underlyin	g ceuse gi	lven in P			24b, W	ERE AUTOPSY FINDINGS
signed by the Health and Juws any In	EDICAL	PERIPHERAL	VASculv		15elfs	9			PERFORI		AM CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATN?
S o ee	Σ	ANEMIA	PENAL	FA	LUNC				_		1 1	TYES 2 NO
2 Dec	SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	LACE OF OE	ATH (Chec	k only one)			
the State or item	PHYSICIAN	1 TYES 2 NO	HOSPITAL;	outpatient 3	DOA X	IER:			Other (Specify)			
death with	ВУ РН	27. MANNER OF OEATN  1 X Natural 5 Pending 2 Accident investigation	28a. DATE OF INJUR (Month, Day, Year		28b. TIME OF INJURY	WC	JURY AT ORK? YES 2		28d. OEȘCRIBE HOW IN	JURY OCC	UREO	
after d	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, atc. (S	JRY — At home Specify)	e, farm, atreet,	factory, offic	ca .		281. LOCATION (Street ar City or Town, State)	nd Number	or Rural Rout	e Number,
<b>42 ≥</b>	OMPL	29a. CERTIFIER (Check only one)	CIAN: To the best of my kn	owledge, deat	h occurred at ti	he time, data	and place,	end due to	the cause(s) and mann	er an state	ıd.	
A H H	0	29b. SIGNATURE AND VITUE OF CERTIFIER	R: On the beals of examine	ition and/or inv	reatigation, in n	ny opinion, d	leath occure	d at the ti	me, data and placa, and	dua to the	cause(s) an	nd manner as stated.
SIN	B	Aller of Certifier	12.1 M	$C_{i}$			29c. LICEN	10 -	21	▶ 8	- 5 - 9	onth, Day, Year)
TO THE FUNERAL be filed within 72 I	OIL											-
F 5 5	TO	30. NAME AND ADDRESS OF PERSON WHO SYDNEY J. VENA	BLE JR. M	OEATH (ITEM :	610 W	/ILTC	N RD	., T	OWSON, MD	. 21	204	_

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

(34)

and the same

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATENDAG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MARIO F. GO 31. DATE FILED (Month, Day, Year)

1991

32. REGISTRAR'S SIGNATURE

	91-4468-510	11									91	21	471
	FOR 1 . STATE	STATE OF M	ARYLAND	/ DEPAR	RTMEN	IT OF H	IEALTH	AND I	MENTA	L HYGIEI	VF.	( <u> </u>	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAT	E OF	DEA	ГН		REG. NO			
	Ray	A. Krug							2. DATE MONT			YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. i	last birthday)		ER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		. BIRTHPL	12:44 PM
	215-88-4539	1 □XM 2 □ F	27	YRS.	MONTHS	DAYS	HOURS	MIN,		30,19		Country)	TIMORE
æ	9e. FACILITY NAME (If not institution, give :				9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COUNT		
6	1908 Sommerwor	th Avenu	ie		В	alt	imor	e C	ity		1		
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION					10	INSIDE CITY
L D	MARYLAND  100. STREET AND NUMBER			E	BALT	IMORI							X YES 2 NO
FUNERAL	1908 SOMMERWORTH	STREET				101	212					S.A.	T COUNTRY?
UND:	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	VAMED	13	. WAS DEC	ENDENT C	F HISPAN	VIC ORIGI	17 (Specify Ye		I. RACE —	American Indian,
BY F	1X Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	IR OR DATES	INO		If yes, sp	ecify Cuba 2 X NO	n, Maxica	n, Puerlo	Ricen, atc.)		Black, W Specify:	Mite, etc.
	15. DECEDENT'S EDU	ICATION	160, 0	ECEDENT'S	USUAL	OCCUPATIO	ON		164	KIND OF BI	ISINESS/INDUS	TRY	WHITE
LET	(Specify only highest grade Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)		Give kind of fe. Do NOT u	work done	during mo	st of working	g	1	. KIND OF BU	Jamess/Mous	INT	
COMPLETED	12TH		W	AREHO	USE	MAN			AC	ME PA	PER PR	ODUC'	TS
	17. FATHER'S NAME (First, Middle, Last)  CHARLES F. K	PIIC								Middle, Maider			
BE	19e. INFORMANT'S NAME (Type/Print)	RUG	Li	9b. MAILING	ADDRES	S (Street e				FRASI	ER vn, State, Zip Co		
10	ROBERT EMANUEL										MD. 2		
	20e. METHOD OF DISPOSITION  1 XBurlel 2 Cremetion 3 Rem	oval from State	20b. PLACE	ANDDATE	OF DISPO	SITION (Na	me of		DAT		OCATION — CIT		Stata
	4 Donation 5 Other (Specify)  21. SIGNATURE QE FUNERAL SERVICE LIC		CEDA	RHIL	_				8/7	BA	LTIMOR	E	
		- Jushe			H		D FU	NERA	L HC	ME IN			
					41	107 W	ILKE	NS A	VENU	E, BA	LTIMOR	E, MI	D. 21229
	23. PART I. Enter the diseases, procedure.  ehock, or heart failure.  IMMEDIATE CAUSE (Finel	List only Dne caus	e Dn each lin	ieeth. Do r ie.	not ente	r the mo	de of dyl	ng, suct	h as csro	flac or reep	iratory srrea	t,	Approximate interval Between
	disesse pr condition	. CARDIAC	APPHVT	TIME									Onset and Death
	Tooling III duality		OR AS A CONSI		F):								
ON	Sequentially liet conditions,	b. DHE TO (	AS A CONSE	EQUENCE OF									
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		on as a const	EODENCE OF	1);								İ
H	CAUSE (Disease or Injury thet initiated events	DUE TO (C	OR AS A CONSE	OUENCE OF	7):								
CER	resulting in deeth) LAST	d											
	PART II. Other aignificent condition	a contributing to d	leeth but not	resulting i	n the u	nderlying	ceuse g	iven in l	Pert i.	24e. WAS AN		24b. WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	DIABETES MELLIT	'US								PERFOI	RMED?	CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ME										$\wedge$			YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00.00							
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHE		ACE OF DE						
F	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day)	NJURY	26b. TIMI	E OF	28c. INJU	JRY AT	idence (			NJURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation				M	1 🗌 Y	ES 2 🗌	NO					
9	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At he c. (Specify)	ome, ferm, a	treef, fac	tory, office	,		261. LOCA	ATION (Street or Town, State)	end Number or	Rurel Route	Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heet of a	n knowledne d				= Sur 7		754- AV			-,"	
OME	(Check only one) MEDICAL EXAMINE	CIAN: To the best of m	mination end/o	Investigation	n, in my o	ilme, date o	end piece, ath occurs	end due t d at the t	fo the cau time, date	se(e) and med and place, en	nner ee atated.	euse/s) en	d manner ee stated
w II	296 SIGNATURE AND TITLE OF CERTIFIER		(	h	1		29c. LICE			7:250			nth, Day, Year)
TO B	Man	How	1	1	7		0.0	С.М.	Ε.		08 (		
- 1	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH OF	M 271 (7.60	Delect								7.7

Street,

Baltimore Maryland

DHMH-16 Rav 1/89

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C. BOX	or that the death configures h
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	lant.
4	T,
OF VIIAL	DUVEICIAN
SICN	OD ATTENDING DUVEICIAN
	00

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		21 61716
	1. DECEDENT'S HAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Phillip Hamm		rs. lest birthday) IF UNI	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	3 9	BIRTHPLACE (State or Foreign
	218-07-2283	12 M 2 G F SL	YRS. MONTH	B DAYS HOURS MIN.	(Month, Dey. Year)	)b	Country)
DIRECTOR	Charlote Hall VO			arlotte H		-	mary's
E	10e. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. IHSIDE CITY
	Md ST	mary's	Char	10the Hal		10a. CITIZE	LIMITS? 1 YES 2 HO H OF WHAT COUNTRY?
ERA	RaBOX 5	•		201.2	2	115	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES		3. WAS DECEMBENT OF HISPA	HIC ORIGIH? (Specify	Yea or No- 14	Black, White, atc.
ВУ	1 Hever Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		If yes, specify Cuban, Maxic  1 YES 2 NO Speci		١,	Specify:
	15. DECEDENT'S EDUC	ATION 16	Sa. DECEDENT'S USUAL	OCCUPATION	16b, KIHD OF I	USIHESS/INDUS	N N ITS
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire		-A1.	2 2 0 0	
MP	12		INSURF	INCE AGEN	M Th:	SURA	NCE
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S H.	AME (First, Middle, Meid	en Surname)	
TO BE	19e. INFORMANT'S NAME (Type/Print)	-		ESS (Street and Number or Rural			ode)
-	Francis Lang	Brother		land Ave, Bal			
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Remo  4 Deficient 5 Other (Specify)	val from State	ther place)	(Name of cemetery, cremetory or		LOCATION — CIF	
	4 Definition 5 Other (Specify) 1912	Pronald Wad		S HOOKINS HO		ALTO.	
- 1	They are the	Ward ward	0110	Stall	2 / 255	W. Balt	imore St Balto
_	/ Lungina	Munura	4 HONG	SICH	- W	WOI	my acc
	23. PART i. Enter the distance, or consher shock, or heart fellure. L	omplicatione that caused the list only one cause on each	he desth. Do not en h line.	ter the mode of dying, au	ch es cerdiec or re	spiretory erres	t, Approximate interval Between
	IMMEDIATE CAUSE (Fine)	D	0	+ 1 to	<b>S</b>		Onset and Death
	resulting in deeth)	Respirato DUE TO (OR AS A CO	OHSEQUENCE OF:	est due	preum	onia	
z		COPD					
유	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	OHSEQUENCE OF):				
2	cause. Enter UNDERLYING CAUSE (Disease or injury		mers				
CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):				i
병	d						
SPL	PART II. Other aignificant conditions	contributing to death but	not resulting in the	underlying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음						2   HO	COMPLETION OF CAUSE OF DEATH?
W			11 17		^ `		1 TES 2 NO
ä							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	QTH	28. PLACE OF DEATH (C			
17S	1  YES 2 HO 27. MAHHER OF DEATH	1 Inpatient 2 ER/Outpath 28s, DATE OF IHJURY	ent 3 DOA 4 C	lursing Home 5 - Residence		W IN ILIMY OCCU	nen
	1 Hatural 5 Pending	(Month, Day, Year)	IHJURY M	28c. IHJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	NED
84	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF IHJURY —			281. LOCATION (Stre	et end Number or	Rural Route Number,
E	3 Suicide 8 Could not be determined	building, atc. (Specify)			City or Town, Sti	rte)	
COMPLETE	29a. CERTIFIER (Check only	CIAH: To the best of my knowled	ge, death occurred at th	e time, data and place, and du	a to the cause(s) and r	nanner as stated	
MO		9: On the besis of examination a					
	29b. SIGNATURE AHD TITLE OF CERTIFIER	THE A		29c. LICEHSE HU	IMBER	29d. DATE S	SIGNED (Month, Day, Year)
) BE	in	WW-X	<b>X</b>	D399	522	•	
유	30. HAME AHD ADDRESS OF PERSON WHO						
	JONATHAN FEL	ars mb 7	30x2621	1 Prince	FRede	rick	md 20678
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGHATI	URE .	5			
- 1	AUG 7 1991	Gruna Daydson	-Mandelle	t			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPA	RTMENT O	F HEALTH AND	MENTAL H	YGIENE 1	21473
1. DECEDENT'S NAME (First, Middle, Last) Michael	D			OF DEATH	2. DATE OF D	DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213 48 0448		Landh	F UNDER 1 YE		7. DATE OF B		1 1:48 PM  6. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give s	1XXM 2 F	33 YRS.		WN OR LOCATION OF I			Maryland TY OF DEATH
Shock Trauma C			Balti		ZEATH	na na	
10a. STATE 10b. COUNTY			Aber	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 229 South Rogers	s Street			101. ZIP CODE 21001		10g. CITIZ	ZEN OF WHAT COUNTRY?  USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR Peacetim	YES 2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Spec	an, Puarto Rican,	ecify Yaa or No-	14. RACE - American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	'S USUAL OCCUP if work done during use retired.)	ATION 7 most of working	16b. KINC	OF BUSINESS/INDU	JSTRY
12 17. FATHER'S NAME (First, Middle, Last)	0	Carp	enter	18 MOTHER'S M		Onstruct	ion
John S. Landbed	ck, Sr.			Billie		Delgar	
19a. INFORMANT'S NAME (Type/Print)			IG ADDRESS (Stre	et and Number or Rural			Code)
Mrs Billie Landb	eck Mothe	er 229 S	. Roger	s St, Abe	rdeen,	MD 2100	1
20s. METHOD OF DISPOSITION  1 Durist 2 Committon 3 Remoted Committee (Specify)  21 MIGNATURE OF FUNETIAL SERVICE LICE	1	20b. PLACE AND DATE cemetery, crematory or	other plece)			20c. LOCATION — C	ilty or Town, Stata
Smul/a	Ronal	ld Wade,Di 8/6/91	r   655	W. Baltim	Sta ore St,	te Anator Balto.,	MD 21201
23. PART I. Enter the diseases, proshock/pr heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	CLOSEO H	eased the death. Do on each line.	i ES	mode of dying, au	ch as cardiac c	or reapliretory arre	Approximate Interval Between Onsat and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQUENCE					
CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):		•		
PART II. Other algnificant conditions	a contributing to de	ath but not reaulting	in the underly	ying cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DEATH (C)	heck anly one)		
1X YES 2 □ NO	HOSPITAL:	N/Outpetlant 3 🗆 DOA	OTHER: 4 Nursing H	Ioma 5 🗆 Rasidence	8 Other (Spec	cify)	
27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJ (Month, Day, )			INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCCU	JRED
2 Accident Investigation 3 Suicide 8 Could not be detarmined	08 02 28e. PLACE OF IN building, atc.	JURY - At home, ferm.		YES 2 NO	Driver 281. LOCATION City or Town	(Street and Number o	corcycle acci
29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my	)n street knowledge, death occur	red at the time, d	leta and place, and dua	Rte 22 fo the cause(a)	and manner as stated	Roval Avenue
	on the basis of exami	mation and/or investigati	ion, in my opinior				cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER							
	L+ MD			29c. LICENSE NU			SIGNED (Month, Day, Year)
	W MD			O.C.M.	Е	08	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - REGISTRAR	CERTIFIC	CATE	OF DEATH		G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH		3. TIME OF DEATH	
	Willie Mack	Lawson	s S	r.	монтн 08	03	1991	9:52	Рм
			F UNDER 1 YE		7. DATE OF BIR	TH	8. BIRTI	IPLACE (State or Fore	
	417-24-9647 1 × M 2 1 F6	55 YRS. "	ONTHS DA	YS HOURS MIN.	6 - 27	-25	Count	n IFORNIA	
	9a. FACILITY NAME (If not institution, give street and number)		b. CITY, TO	WN OR LOCATION OF D			OUNTY OF D		
FUNERAL DIRECTOR	Liberty Medical Center		Balı	timore					
3EC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR L	OCATION				10d, INSIDE CITY	
0	MARYLAND	R	ALTI	MORE, CI	TV			LIMITS?	
AL	10e. STREET AND NUMBER			10f. ZIP CODE	<u> </u>	10a, C	ITIZEN OF V	WHAT COUNTRY?	
ER	1624 N. POPLAR GROVE ST.			21216			U.S.		
5	11. MARITAL STATUS / 12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Spec	offy Yea or No-			
BYF	1 Never Married 2 Married FORCES? 1 X YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR D	2 NO ATES	If ye	s, specify Cuban, Maxic YES 2 X NO Speci	an, Puerto Rican, a	rtc.)	Black	E — American Indian k, White, etc.	•
ED	13721						B L A	YCK	
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	k done durin	PATION g most of working	16b. KIND	OF BUSINESS/I	NOUSTRY		
ا ڌ	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use i	refired.)						
COMPLET	17. FATHER'S NAME (First, Middle, Last)								
					AME (First, Middle, I	Maiden Sumeme	,		
BE	ELI W. LAWSON				LAWSON				
2	19a. INFORMANT'S NAME (Type/Print)			eet and Number or Rural			Zip Code)		
	PATRICIA A. POUNDS			OPLAR GR	OVE ST.	. BA	LTO.	,MD.212	216
	20a. METHOO OF DISPOSITION  1 X Burlal 2 Cremetion 3 Removal from State	PLACE AND DATE OF	DISPOSITIO	N (Name of	OATE 2	A- LOCATION	O44 T	41.1	
1	4 Donation 5 Other (Specify)	RRISON I	ORES	ST VET.	CEMSON	OWING	SMIL	LS,MD.	
	21. SIGNATURE OF FUTERAL SERVICE LICENSEE		22. NAM	E ANO ADDRESS OF FA	WM. (	. MAR	CH F	UNERAL	HOI
	Y-NY/IA) ELVERA		1 430	OO WABASI	H AVE			OHERME	110
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	CONSEQUENCE OF):  CONSEQUENCE OF):		ocural bi	scase				
E E	resulting in death) LAST							Į.	
	PART II. Other significent conditions contributing to deeth b	ut not resulting in	the under	vina cousa ciuca ia	Don't lat u				
EDICAL		or nor resulting in	nie Glideli	ying cause given in		AS AN AUTOPS! ERFORMEO?	24b.	WERE AUTOPSY FIND AVAILABLE PRIOR TO	
					1 U Y	ES 2 KNO		COMPLETION OF CAU OF DEATH?	ISE
Σ					In	quiry		1 TES 2 NO	
A A	25. WAS CASE REFERRED TO MEDICAL								
<u> </u>	EXAMINER? HOSPITAL:		THER:	. PLACE OF DEATH (Ch					
PHYSICIAN: M	1 □ Inpatient 2 □ ₹R/Outp 27. MANNER OF DEATH 28a. DATE OF INJURY		7	Iome 5 Residence					
BY P	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME O	٧	INJURY AT WORK?	28d. DEŞCRIBE I	HOW INJURY O	CCURED		
	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre	et, factory, c	office	281. LOCATION (S City or Town,	Street and Numb State)	er or Rural R	oute Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN TO the heat of my heart	-444							
Σ	(Check only one)  1  CERTIFYING PHYSICIAN: To the best of my knowl one)	edge, death occurred a	t the fime, o	data and place, and due	to the cause(a) an	d manner as at	ated.		
႘	One) MEDICAL EXAMINER: On the basis of axamination	snd/or investigation, i	n my opinio	n, death occured at the	fime, data and pla	ca, and due to	the cause(a)	and manner sa state	ed.
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	MBER	29d, DA	TE SIGNED	(Month, Day, Year)	
2	Worald & Wright MD			O.C.M	E	▶ 0	8 0	4 1991	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEA				S				
-	Donald G. Wright MD DCME 31. DATE FILEO (Modelly Day, 1987) 32. REGISTRAB'S SIGNAL	111 Pe	nn St	reet. Bal	timore M	arvlan	d 212	01	
1	31. DATE FILEO (Month bay, 1997) 32. REGISTRAR'S SIGNA	ATURE Manual College	1						
	AUIT 1133 June 1	me al con							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

23 Part G-689 01 211.75

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH AND DEATH		GIENE G. NO.	1 4	1475	
	1. DECEDENT'S NAME (First, Middle, Last) BRENDA	E.	LOP					2. DATE OF DE		1991	3. TIME OF DEATH	_
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	<u> </u>		18:08	M
,	218-48-4948	1 🗆 M 2 💢 F	43	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, 9-3-1	(bar)	Countr	Maryland	
~	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	R LOCATION OF D			COUNTY OF D		-
DIRECTOR	LIBERTY MEDICAL	CENTER				BA	LTIMORE	CITY				
REC	10e. STATE 10b. COUNT	ГУ			Y, TOWN O						10d. INSIDE CITY	_
	Md			E	Balti	more	9				1 (X) YES 2 NO	
FUNERAL	100. STREET AND NUMBER 712 WESTWOOD AVEN	IIF.				101	21217		10g.	USA	VHAT COUNTRY?	
ON	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. V	WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Spec	offy Yea or No		- American Indian.	_
BY	1 Nover Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	10	11	yes, spi	2 NO Specifi	n, Puerto Rican, a	ic.)	Black	, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .	16b. KIND	OF BUSINESS	JINDUSTRY		_
	Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	work done d se retired.)	uring mo:	st of working					
₩.	17. FATHER'S NAME (First, Middle, Last)		Un	emplo	yed							
ŏ	Emory Lopez						16. MOTHER'S NA	B. Pit	Meiden Surnan L.S	ne)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street a	nd Number or Rural I	Route Number, City	or Town, Statu	Zip Code)		_
۲	Clarice Eatmon		2	157 N	1t. H	011	y Street	, Baltin	nore,	Md 21	1216	
	209 METHOD OF DISPOSITION  1 X Burlat 2 Compation 3 Ren  4 Donation Date (Specify)	noval from State	20b. PLACE A cemetery, crer	metory or o	ther place)			1		- City or To		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENNEE /	Arbu	tus ,l			Park 8	/8/91	Arbutu	is. Mar	ryland	_
	· 4 Ortia	Ulron			1					INERAL		
	23. PART I. Enter the diseases, or	complications that	ceused the de	eth. Do r	ot enter	tha mod	de ot dying, auci		reepiretory	ASH A	Approximate	_
	shock, or heart failure. IMMEDIATE CAUSE (Finel	A .	ea on each line.	Inti	acere	bral	Hemorrhag	e /			Interval Batwee Onset and Deat	
- 1	disease or condition reaulting in death)	· Ho	tweet		00	1	fernon	May	e			
_		10	OR AS A CONSEC	UENCE OF	): /		10	ann		200		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQ	UENCE OF	7:		real_c	10000	100	7		_
<u>S</u>	CAUSE (Disease or Injury	C							1			
E	that initiated eventa resulting in death) LAST		OR AS A CONSEO	UENCE OF	7):							
	PART II Other elapiticent condition	d										_
CAL	PART II. Other eigniticent condition	1- Contributing to	anuc	eaulting i		-	cause given in		AS AN AUTOP ERFORMED?	SY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	S
ED	Muco	tion.	anac		//~	run	errous	750	ES 2 NO		COMPLETION OF CAUSE OF DEATH?	
ž Z								-		-	YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (Che	ck only one)				_
PHYSICIAN: MEDIC	1 TYPES 2 NO	1 Inputiant 2 X					5 🗆 Rasidence	8 Other (Specif	y)			
4	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF (Month, Da	INJURY ly, Year)	26b, TIMI		WOR	IK?	28d. DESCRIBE	10W INJURY	OCCURED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hon	ne, tarm, s		1 🗌 YI	ES Z NO	281. LOCATION (S	Street and Nun	aher or Rural Br	ruth Mumbar	_
COMPLETED	4 Homicide detarmined	building, a	itc. (Specify)					City or Town,	State)	TOTAL OF HUTEL NO	oute Number,	
APL	29a. CERTIFIER (Check only one)	CIAN: To the best of a	my knowledge, dea	th occurre	d at the tim	ie, data s	and place, and due	to the cause(a) an	d manner as	atated.		
S	2 K MEDICAL EXAMINE	R: On the beals of ax	amination and/or in	rvestigation	ı, in my op	inion, de	ath occured at the (	time, data and pla	ca, and dua t	o the cause(a)	and manner as stated.	
BE	296 SUMMATURE AND TUTCE OF CERTIFIE	PX	1, u	0			O. C. N		29d. (		Month, Day, Year)	
2	30 MAME AND ADDRESS OF PONSON WHI	O COMPLETED CAUSE	E OF DEATH (ITEM	27) (7)04.	Printj		0. C. F	L. D.		8-5-1	331	
	FRANKJ	gen	= 77,1			ENN	STREET I	BALTIMOR	RE,MAR	YLAND	21201	
	31. DATE FILED (Month, Day, Hear)		S SIGNATURE	Mond	122							
	- Aut	Juni	A IMM INCOM	11-11-								

BALTIMORE, MARYLAND 21215-0020	24 inours after death. Page 6 may be retained by the hospital or attending physical filled in by the funeral director, page 5 should be detached for use as the burta-transit permit. Pages 1, 300, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, the filled within 72 hours after death with the State Dent, of Health and Mental Hydrere prior to build. Centation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	SINIE UT WI	CE	RTIF	ICATE	T HEALIN	I ANU !			1	_	1470
1. DECEDENT'S NAME (First, Middle, Las	)	0.		IOAIL	JI DEA	111	2. DATE OF	IEG. NO.		1	TIME OF DEATH
HAYWOOD							MONTH	DAY		EAR	
4. SOCIAL SECURITY NUMBER	5. SEX '	B. AGE (In yrs. lest		MORR 1 Y	-		_08_	01		9.11	10:45 P
	100 M 2 F		YRS.		YS HOURS	R 24 HRS.	7. DATE OF 1 (Month, Da 8/17/	BIRTH y. Year)		BIRTHPLA Country)	NCE (State or Foreign
On EACH LTV NAME (# / /		32	THS.					/58	E	Balt	o., MD
9e. FACILITY NAME (If not institution, give					WN OR LOCAT		ATH	9	c. COUNTY	OF DEATI	н
1813 N. DUK RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ELAND AVE	NUE		BAI	TIMO	KE.					
U 10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR L	OCATION		_			1 40	d. INSIDE CITY
MARYLAND					TIMOR	e or	mv			10.00	LIMITS?
				DALI	10f, ZIP COL		.II				X YES 2 NO
1813 DUKELAND  11. MARITAL STATUS  1. M. Nover Married  2. Married	Cubbre										COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EVED IN H.C. ADI	uen.	140 11110		1216				USA	
	FORCES? 1	YES 2 N	O	If ye	s, specify Cub	en, Mexicar	IC ORIGIN? (S	pecify Yes or i, atc.)	No- 14.	RACE - A	American Indian, hits, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAS	OR DATES		1 🗆	YES 2 X NO	Specify				Specify:	Black
15. DECEDENT'S ED	UCATION	18a DEC	CEDENT'S	USUAL OCCU	PATION		405 448	D OF BUSINI			DIACK
(Specify only highest grad		(Giv	ve kind of	work done during se retired.)	g most of work	ing	TOD. KIN	D OF BUSINI	ESS/INDUS	IHY	
Learner Mary (0-12)	College (1-4 or 5+)										
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)					40.4400						
ROBERTY McMOR	RTS						ME (First, Middle S THO				
19a INFORMANT'S NAME (Topo (Print)	ILLO										
DELORES McMOR	DTC			ROGE:							1007
20s. METHOD OF DISPOSITION	IVID	1				CNOC		OMIT			
1 X Burial 2 Cremetion 3 Res	noval from State			OF DISPOSITIO		menna	DATE	20c. LOCAT			
4 □ Donation 5 □ Other (Specify) 21. SIGNATURE/OF FUNERAL SERVICE L	CENCER	MEST	ERN	"STAR				BALT	TMOR	Œ,	MARYLANI
		1	1	22. NAM	ROY O	SS OF FAC	ETT 8	SON	FUN	ERA	L HOME
herou	(), hu	117	1								21207
IMMEDIATE CAUSE (Fihely disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate	b	AND ALA	UENCE O	F):	XICATI	ON					Onset and Daath
Sequentielly llet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d	R AS A CONSECU									
PART II. Other significent condition	ns contributing to de	sth but not re	sulting i	n the under	ying ceuse	lven in F	Part i. 24s.	WAS AN AUT			RE AUTOPSY FINDINGS
							do	PERFORMED DYES 2 [			ILABLE PRIOR TO PPLETION OF CAUSE
							_   '*	)1ES 2 [	NO		DEATH?
							_			1 14	OVES 2   NO
25. WAS CASE REFERRED TO MEDICAL				21	L PLACE OF D	EATH ON-					
EXAMINER?	HOSPITAL:	B/Outpetlant a F	7.00	OTHER:							
27. MANNER OF DEATH	28a. DATE OF IN.		28b. TIMI	4 Nursing							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1\times YES 2 \ NO  27. MANNER OF DEATH  1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Month, Day,	Ybar)	INJ	URY	INJURY AT WORK?		28d. DEŞCRIB	E HOW INJU	RY OCCURE	ED	
	FOUND: 8/		10:3	UN	YES 2		SUBJEC	7 77103	ESTED		GS&ALCOHO
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, atc	(Specify)	ie, ferm, s	freet, factory, e	offica		28f. LOCATION City or Tox	(Street and I vn, State)	Number or R	tural Route	Number,
	UNKNOWN						UNKNO				
Surcide     4	ICIAN: To the best of my ER: On the basis of exam	knowledge, deet	th occurre	d at the time,	data and placa n, death occur	and due to	o the cause(s) ime, data and p	and manner	as stated.	use(s) and	manner se stated.
20h BIOMATINE AND TITLE OF GENERAL						NSE NUME					ith, Oay, Year)
250. SIGNATURE AND TITLE OF CERTIFIE	TWA					ME		24		2-91	
30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type	Print)							
A A SI	Kon				IN STE	REET	ВАТ.Т	IMORI	E. MAI	RVT.	AND 2120
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S								- FIEL		1110 2120
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300 100	To the factor										

detached

y filled in by the f tion, or removal.

Pages 1, 2, 3 should

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-	TO THE HOSPITAL OF ATTENDING PHISICIAN. The IN Impulses that the death certificate be executed within 25-16	TO THE FUNERAL DIRECTION and completely filled by the attending physician and completely filled that the filled the physician and completely filled the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled that the filled	IMPORTANT If item 28 is marked, or from 23 shows any injury, or other traumatic event, the
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DIVIDION OF VITAL HECORDS, P.O. BOX 13146,	tifica	phy cene	ther
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ARNOLD E. MANCE NANCE ARNOLD YEAR 91 7. DATE OF BIRTH (Moath, Day, Year) / - 20 - 33 6. BIRTHPLACE (State or Fereign Country) 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 095-24-7713 MONTHS DAYS HOURS MIN. M D 1 M 2 | F 58 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY HOSP BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 10a. STATE MD BALTIMORE, MD 1 X YES 2 NO 101. ZIP CODE FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2022 W. ETTING STREET 21217 U.S.A. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 \( \text{ YES} \) 2 \( \text{ ND} \) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Pusrto Rican, etc.)

1 YES 2 ND Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 . Married IF YES, GIVE WAR OR DATES Specify: BLACK ¥ 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) Elegioniany/Sec UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ELDIE MANCE MATTIE MORRIS 76 BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1734 BOLTON STREET APT. 2F/BALTO. MD 21217 ARNELL EZELL 90 20e. METHOD OF DISPOSITION

1 Disposition | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | Temperature | 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stats must GARRATION FOREST VET. CEM. OWINGS MILLS, MD examiner 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. medical 23. PART MEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximate shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final \$ disease or condition resulting in death) HEPATIC FAILURE
DUE TO (OR AS A CONSEQUENCE OF): 3 days event, HEPATIC ENCEPHALOGATYY 3 days traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events SEPSIS DUE TO (OR AS A CONSEQUENCE OF): CIRRHOSIS resulting in death) LAST 6 PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 | YES 2 | HO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: HOSPITAL:
1 Limetient 2 ER/Outpetient 3 DOA 4 Nursir 1 YES 2 NO ng Home 5 🗆 Residence 5 🗆 Other (Specify) 8 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND BY 2 - Accident 28e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Ho 22 Nem 29a. CERTIFIER

(Chank not)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 38 · 8/3/91 30154

IESS OF PERSON WAS COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1991

32. ANGISTRANIO SIGNATURE PANGER

2

31. DATE FILES (Hand Day Year)

BIRTNPLACE (State or Foreign Country)
 D.

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

3. TIME OF DEATH

REG. NO.

7. DATE OF BIRTH (Morth) Day, 19er,

218

DORIS 4. SOCIAL SECURITY NUMBER IRENE

123278 10 M2 DEF

IF UNDER 1 YEAR

DAYS

HOURS

TILLER

8. AGE (In yrs. lest birthday)

	two atreet and number) Hospice		95. CITY,	, town or location of TOWSON	70		DC. COUNTY OF	Baltimore
ESIDENCE OF DECEDENT								
n. STATE 10b. COI		10c. CIT	TY, TOWN C	OR LOCATION				10d, INSIDE CITY
Md.	Baltimore			Midd	le Ri	ver		1 TYES 2XXN
. STREET AND NUMBER				101, ZIP CODE		1	10g. CITIZEN O	F WHAT COUNTRY?
2 M:	iddle River Ct.			212	20		U.S	.A.
MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 X (40		WAS DECENDENT OF HISI If yes, specify Cuban, Max 1 YES 2 NO Spe	ican, Puarto F	? (Specify Yea or Rican, etc.)	Bi	ACE — American Indian. lack, White, atc. pecify: White
15. DECEDENT'S (Specify only highest g	EDUCATION 16 grade completed)	6a. DECEDENT'S	S USUAL O	CCUPATION during most of working	16b.	KIND OF BUSIN	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 6+)		CALCO.					
10 Yrs.		Beau	uticia	an		Harriso	n's Be	auty Salor
FATNER'S NAME (First, Middle, Last)	)			18. MOTNER'S	NAME (First, A	Aiddle, Maiden Sur		
	Oddie (	Greist			[	Daisy	Smit	hson
a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS	S (Street and Number or Ru	al Route Numb	ber, City or Town, S	State, Zip Code)	
Mr. Carl C. Mi				Waldon Mill				
a. METHOD OF DISPOSITION  X Burtal 2 Cremation 3 I	20b. P	LACE AND DAT	TE OF DISP	POSITION (Name 8/6	/91 DATE	E 20c, LOCAT	TION — City or	Town, State
☐ Donation 6 ☐ Other (Specify)	HO.	IIy Hil	II Mer	morial Gard	lens	Midd	lle Riv	er,Md.
SIGNATURE OF FUNERAL SERVICE	//		22.	NAME AND ADDRESS OF	FACILITY	I	oobo C	uneral hom
▶ E. J. Jas	sahn			11750 5 1 .				
4.070				11750 Belai	r Ka.	Kingsvi	ile, M	a. 21087
equentially list conditions, any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE (	OF):	icer				Onset and I
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equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury sat initiated events equiting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE CONSEQUENCE ):  OF):  OF):  OTHE: 4 □ Nui	nderlying causa given	(Check only on	PERFORME  1  YES 2	Hospice	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA DF DEATH? 1 YES 2 NO	
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TO THE HOSPITAL OR ATTENDING PHISCIALS IN requires that the death certificate be executed within the form of the form of the propriation or attending physician.

TO THE FUNERAL DIRECTOR: After the contract of the contract of the propriation of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degt. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

AEGISTIAN				OLITIN	OAIL	. 01		AIII		ned. NO.			
1. DECEDENT'S NAME (Fire									2. DATE OF MONTH		Y	YEAR	3. TIME OF DEATH
		Pecora							8-	5-	199	1	2:55 PP M
170-18-14		5. SEX 1 □ M 2 🔯 F		yrs. last birthday) O YRS.	IF UNDER	1 YEAR DAYS	HOU	NOER 24 HRS. RS MIN.	7. DATE OF (Month, D) 8 - 7 -	BIRTH 1920		Counti	PLACE (State or Foreign
9e. FACILITY NAME (If not	Institution, give	street end number)			9b. CITY.	TOWN	OR LO	CATION OF DE				NTY OF D	*
Francis S			L Ct	r.				re Ci		(Si	-		
RESIDENCE OF DE								*	,			_	
Md •	10b. COUNT	m altimore	<u>,</u>		y, town o		TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	3					10	f. ZtP (	CODE			10a, CITI	ZEN OF V	WHAT COUNTRY?
1935 Jasn	nine I						21	222			U.	S.A	
11. MARITAL STATUS  1 Never Merried 2   3 Widowed 4 Dec		12. WAS DECEDED FORCES? IF YES, GIVE 1	YES	2X NO	1	WAS DEC	pecify (	NT OF HISPAR Cuben, Mexica NO Specifi	n, Puerto Ric	Specify Yee an, etc.)	or No—	Spec	E — Americen Indien, k, Whita, atc. #y: ite
15. DE (Specify o	CEDENT'S EDI	UCATION fe completed)	1	6a. DECEOENT'S	USUAL O	CCUPATI	ON ost of w	endelna	16b. K	IND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary		College (1-4 or 5	+)	life. Do NOT u	se retired.)	aum ny ma	031 01 11	orning					
Unknown				Hor	nema	ker			0	wn H	ome		
17. FATHER'S NAME (First,	Middle, Lest)						18. (	MOTHER'S NA	ME (First, Mid	ldle, Malden	Surneme)		
Joseph :	Stein	er						Berth	na zu	zker			
19e. INFORMANT'S NAME				19b, MAJLING	ADDRESS	S (Street	_	mber or Rural				Code)	
Joyce M.								Rd.,					22
20a, METHOD OF DISPOSI 1 ♣ Burlel 2 ☐ Cremet 4 ☐ Donation 8 ☐ Other		moval from State	_ 20b. I	PLACE OF DISPO other place) ardens	of	me of co Fai	th	cremetory or Ceme	etary	20c. Lo Ba	$^{ extsf{cation}}_{ extsf{1}}$	City or To	own, State
21. SIGNATURE OF FUNER	AL SERVICE L	ICENSEE			22.	NAME A	ND AD	DRESS OF FA	CILITY				
Holand	PX	Kach	MOO	550									e, Inc. dalk,Md.21
disease or condition resulting in death)  Sequentially list cond if any, leading to imm couse. Enter UNDERL CAUSE (Disease or in	ediate YING	b. DUE TO	O (OR AS A C	CONSEQUENCE O	P): An (F):			sm	rege				
that initiated events reaulting in deeth) LA	ST	d	(01 23 2 0	JONSEGOENCE O	· ,·								
PART II. Other aignific	er ten	ona contributing to	deeth bu	t not reaulting	In the un	nderlylr	ng cau	ae given in		PERFOR	RMED?	248	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Deci		1045	hro	mbos	05								
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		PLACE	OF DEATH (Ch	eck only one)				
1 TYES 2 NO		1 A inpatient 2	☐ ER/Outpet	tient 3 🗆 DOA			me 5	Residence	8 🗆 Other (8	Specify)			
1117	Pending Investigation		F INJURY Day, Year)	28b. TIR	ME OF JURY M		ORK?	aT 2	2ad. DESC	RIBE HOW I	NJURY OC	CURED	
2 Accident 3 Suicide a  4 Homicide	Could not be determined	28e. PLACE	OF INJURY - , etc. (Specif	At home, farm,	street, fact	tory, offi	ce			ION (Street Town, State)		r or Rurei	Route Number,
onel		SICIAN: To the best of											e) end manner ee stated.
29b. SIGNATURE AND TITE  30. NAME AND ADDRESS.	4	Affen	ding	Nem 27 G	lugi	est	2	LICENSE NU	628		29d. OAT	8/S	(Month, Day, Year)
H	VOZ	n Ei	gen.	MD	49	F3K	2	Easte	ern A	tre,	Bal-	t, M.	P
31. DATE FILED (Month, O	7 19	991 32. Tal	a David		200								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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д меща	injury,
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30. NAME AND ADDRESS OF

DAVID KUA

31. DATE FILED (Month, Day, Year)

		9	1 21480
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEATH	ENTAL HYGIENE REG. NO.	
		. DATE OF DEATH	3. TIME OF DEATH
	YVONNE R. RAWLS Phillips	MONTH & DAY 9	EAR 5:05 A M
			BIRTHPLACE (State or Foreign
	212 44 3553 1 M 2 OF 46 YRS. WORTHS DAYS HOURS MIN.		Country) MD
TOR	9. FACILITY NAME If not institution, give street and number)  LOCK Kaven Veteran Hosp. Daltimore  RESIDENCE OF DECEDENT		OF DEATH
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION  Baltimore		10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO} \)
FUNERAL	3407 Rosedale Rd. 21215	10g. CITIZEI	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, If 1 YES 2 NO Specify:		RACE — American Indian, Black, White, etc. Specify: Black
IPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUS	TRY
E COMPL	17. EATHER'S NAME (First, Middle, Last) William Lee Ray Agre	(First, Middle Meiden Surneme)	+
TO B	190 INFORMANT'S NAME (TyporPring) 1910 MAILING ADDRESS (Stoot and Number of Rural Rout HICKARY HIS ADDRESS (Stoot and Number of Rural Rout	no Number City or Town, State, Zip Co	to. Md.
	20s. METHOD OF DISPOSITION  1 M Burlel 2 Commetton 3 Removal from State  4 Donation Other (Specify)	Baltin	or Town, State
	21. SIGNATURE OF FEMERAL SERVICE LICENSHIP.  22. NAME AND ADDRESS OF FAOIL	4300 Wab	Vest are
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such a	as cardiac or respiratory arres	t, Approximata
	shock, or haart failure. List only ona cause on each line.		Interval Batwean Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. CARDIAC ARREST  DUE TO (OR AS A CONSEQUENCE OF):		30 m/n
			211
ERTIFICATION	Sequentially list conditions, if any, leading to immediate		>1 mg
Į Ķ	COUSE. Enter UNDERLYING LANCIETES ARDOMINAL ENENT LIROSE	PSK Vs Abdama	nel 6 day
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	Aban	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
Ē	resulting in death) LAST		
5 5	DARK II OU I - III - A - AIN - A - AIN - A - AIN - A - AIN - A - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN - AIN		
	PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pa	PERFORMED?	AVAILABLE PRIOR TO
	MULTIPLE SCLEROSIS	1 [] YES 2 NO	COMPLETION OF CAUSE DF DEATH?
MEDICAL		_	1 - YES 2 NO
			,
4 ₹	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check	k only one)	
S	EXAMINER?  1 YES 2 NO 1 Senidence 8 1 Senidence 8	Other (Specify)	
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c, INJURY AT 2	28d. DESCRIBE HOW INJURY OCCU	RED
BY P	Natural 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2 NO	~ 14	
	A Decident	251. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
TE	4 Homicide determined	NIA	
COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time.	* *	
-	296. FIGNATURE AND JITLE OF CENTIFIER 29c. LICENSE NUMB		SIGNED (Month, Day, Year)
8	David Kumasilee MD	▶ 8	16/91
0			

DEPT

Lulia Sevidon-Andres

MEDICINE

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KUMASAKA UMA
Day, Year)

AUG 7 1991 4

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hours after death. Page 6 may be retained by the h	filled in by the funeral director, page 5 should be de on, or removal.	shows any injury, or other traumatic eyent the medical eyaminer must be potitied at one
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BALTIMORE, MARYLAND 21215-0020

VITAL RECORDS, P.O. BOX 68760,

Item; 19b, per informant
FOR STATE G-678 8/14/91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

CERTIFICATE OF DEATH
REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ROBINSON MARIETTA 5:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6 - 25 - 54 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Stetn or Foreign 218-62-3777 1 🗌 M 2 💟 F DAYS HOURS 37 YRS. NA 용 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CITY 107 ALBEMARLE STREET RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE, MD 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10o. CITIZEN OF WHAT COUNTRY? 107 S. ALBERMARLE ST. 21202 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, Whita, etc. 1 💢 Never Merried 2 \_\_ Merried If yes, specify Cuben, Maxicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ntary/Secondary (0-12) College (1-4 or 5+) NA UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
UNKNOWN UNKNOWN m 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Numit or or Fural Route Number, City or Yown, Come Zio Code) 2 VICKIE FAIR 417 E. Fayette St. Baltimore, Md. 21202 20a, METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State LANSDOWNE, MD Burial 2 Cremetion 3 Removal from State

Donation 5 Other (Specify) DATE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. melle 23. PART I. Enter the elsesses, or complications that could the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximeta shock, or heart fellure. List only one cause on each line. Intervel Batween **IMMEDIATE CAUSE (Finel** Onset end Death disesse or condition resulting in deeth) a. DIABETES MEILITUS WITH COMPLICATION S

DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseesa or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL the State D 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 Rasidence & Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED f 1) Natural 5 Pending BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner es stated. FUNERAL WITH 72 h TANT H B HOSPITAL 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. TO THE HOSPITA
TO THE FUNESA
DIS RISES WITHIN 72
IMPORTANT: II 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MORGED LA CURENT MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ▶ 07/23/91 0 O.C.M.E. DONALD G. LURIGHT MD DEME 111 PENN STREET, BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year) AUG 7 32. REGISTRAR'S SIGNATURE 1991 in Nevidson-Rendere

Will P. Ulli " " Su maga

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ht. wighter death. Page 6 may be retained by the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as he find within 72 hours after death with the State hear of Heath and Mental Hondon prior to house or negative or negative.	be notified at once,
hin 24 hu wis ther death. Page 6 m	tely filled in by the funeral director,	t, the medical examiner mus
death certificate be executed with	he attending physician and completed	ury, or other traumatic event
SICIAN: The law requires that the	certificate has been signed by the	1, or item 23 shows any inj
to the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune find within 20 hours after death with the State heart of Health and Montal Montan notes to build a commercion or removed	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

				(	91 21482
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / D CEF	EPARTMENT OF HEALTH AND RTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Wesley T	· Ross	gr.	2. DATE OF DEATH DAY	YEAR 0420 M
	1111	20	YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, De Year) 06 1/8/36	8. BIRTHPLACE (State or Foreign Country) VIVGINIA
TOR	SINAL HOSPIAL RESIDENCE OF DECEDENT	t end number)	Battimore	DEATN 9c. COUI	NTY OF OEATH
DIRECTOR	100. STATE 10b. COUNTY		Ba Ho.		10d. INSIDE CITY LIMITEY  1 YES 2 NO
FUNERAL	3526 LUCI	Le Are	10f. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS ÓECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 LAND IF YES, GIVE WAR OR DATES	13. WAS OECENDENT OF HISP. If yes, specify Cuben, Mexic  1 YES 2 NO Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Sp	ANIC ORIGIN? (Specify Yee or No— en, Puerto Ricen, atc.)	14. RACE — American Indian, Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondery (0-12)	npleted) (Give I	DENT'S USUAL OCCUPATION kind of work done during most of working NOT use retired.)	16b. KIND OF BUSINESS/IND	
ш	17. FATNER'S NAME (First, Middle, Last)	Rasa A	18. MOTHER'S N	AME (First, Middle, Meigen Surname)	assinn)
TO B	190. INFORMANT'S NAME PRINTER	25) 19b. M	AILING ADDRESS Street and Number or Rura	Route Number, City or Jown, State, Zip	Code) \$1229
8	20e, METNOD OF DISPOSITION 1, Burlel 2 Cremation 3 Remova 4 Donetion 5 Dther (Specify)	cemetery, cremat	POATE OF DISPOSITION (Nome of ory or other place)	DATE 20c, LOCATION -	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	trov	22. NAME AND ADDRESS OF	June 7	myle .
	23. PART i. Enter tha diseesea, pr con ahock, pr heart fallure. Lia iMMEDIATE CAUSE (Final diseese or condition resulting in death)	oplications that caused the deeth to Drily Drie cause Dri asch ilna.  Andrae Ame		ch as csrdiac or reapiratory sm	Approximats Interval Between Onset and Death
ERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A CONSEQUE  DUE TO (OR AS A CONSEQUE  DUE TO (OR AS A CONSEQUE	ronary Arleng	Juseon	unknown
MEDICAL C	Maduately S	evere Hype	ulting in the underlying ceuse given in	Pert I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	28. PLACE OF DEATN (C	heck only one)	
HYSI		Inpatient 2 ER/Outpatient 3 2 28e. DATE OF INJURY 26	8b. TIME OF 28c, INJURY AT	6 Other (Specify)  28d. DESCRIBE NOW INJURY OCC	MAED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 YES 2 NO		one 5
ETED	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, building, etc. (Specify)	term, street, factory, office	281. LOCATION (Street end Number City or Town, State)	or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (	N: To the best of my knowledge, death on the basis of examination end/or investigation.	occurred at the time, date end place, end du stigation, in my opinion, death occured at th	e to the cause(s) end menner es state s time, date end place, end due to the	ed. e ceuse(s) end manner es atated.
TO BE C	296/SIGNATURE AND TILLE DE CERTIFIED	on mo the	45/CD D199	MBER 29d. DATE > 8	SIGNED (Morth, Dey, Year)
F	Glen E Juhnson M	OMPLETED CAUSE OF DEATH (ITEM #1	Catonsville hedia	olch. 716 ma.	anchoice to
	31. DATE FILED (MONTH, Day, Year) AUG 7 1991	32. REGISTRAR'S SIGNATURE	delle	~ ~	

and for the second

		this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be decreased as the burial-transit permit. Pages 1, 2, 3 should		
03-3146	Pending physician.	= the burial-transit p		
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within News after death. Page 6 may be retained by the more amount of physician.	should be detracted	1	lified at once
ILTIMORE, M.	eath. Page 6 may be ref	funeral director, page 5 :		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
6, B	within in the after of	npletely filled in by the	with the State Dept. Of Health and Mental Hygierie prior to burla, cremation, or removal.	vent, the medical e
.O. BOX 1314	n certificate be executed	nding physician and con	riggiene prior to burral,	or other traumatic e
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	v requires that the deatl	been signed by the atte	т. от меати апо мента	shows any injury,
N OF VITAL	NG PHYSICIAN: The law	fer this certificate has	eath with the State Dep	marked, or item 23
DIVISIO	HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: After the	be filed within 72 hours after death	IANT: If item 28 is
	TO THE	THE	De filed	IMPOR

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S HAME (First,	, Middle, Last)								2. DATE OF DEATH		1.00	3. TIME OF DEATH
1	Evelyn M.	Rice	A/K/A Ma	rjorie	E. Ri	ice				MONTH DA	ŠL.	91	10:00 AM
	4. SOCIAL SECURITY HUME		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	213-26-46	15	1 M 2 F	8:	2 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	0/ 09	Mo 7	wland
	9e. FACILITY NAME (If not in		treet end number)			9b. CITY	, TOWN	OR LOCATI	OH OF DE		7	INTY OF D	
œ			,										
DIRECTOR	6405 Beechfield Ave.					Elkridge Howard							
ŭ	10e. STATE	10b. COUNTY	,		10c. CI1	ry, town o	OR LOCA	TION		-			10d. IHSIDE CITY LIMITS?
ā	Md.	Howar	d		Elki	ridge							1 YES 2 NO
ᅵЬ	100. STREET AND NUMBER							1. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	6405 Beec	hfield	Ave.					2122	27			US	A
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED			CENDEHT C	OF HISPAH	IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian.
	1 Never Merried 2			YES 2	Пио			ecity Cube		, Puerto Ricen, etc.)		Speci	t, White, atc.
ВУ	3 Widowed 4 Divo	proed						45.					white
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P P				1	Homema	aker				Own Hor	ne		
Ö	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOT	HER'S NAM	ME (First, Middle, Meiden	Surname)		
BE	Edward Jes	S						Sa	llie	(Unkno	wn)		
	19e. INFORMANT'S NAME (7	Type/Print)			19b. MAILIN	ADDRES	S (Street	and Numbe	r or Rural A	loute Number, City or Tow	n, State, Zi	p Code)	
임	William R.	Rice,	Jr.		6405	Beec	hfie	ld A	ve	Balto., M	id.	2122	7
	200 METHOD OF DISPOSIT	ION	- 14 - 0	20b. PLAC	CE OF DISPO							City or To	
ł	1 Buriel 2 Cremetic		oval from State		lowrice)	ige M	emo:	rial	Park	Elk	ridge	e. Ma	ryland
	21. SIGNATURE OF CUMERA	L SERVICE LIC	ENSE	2 4		22.	HAME A	HD ADDRE	SS OF FAC	CILITY			
	· //a	lancaria.	IKO	e an	en					an Funera			
	/\/	ny	7.	7			095	Mair	St.	, Elkridg	e, Mo	1. 2	1227
	23. PART I. Enter the d shock, or h	esrt failure.	complications the List only one ca	at caused the use on each l	dasth. Do ine.	not enter	tha mo	ode of dy	ing, such	ss cardiac or reap	iretory as	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (FI	nei		0	11			1.		1 10			Onset and Dasth
	disesse or condition resulting in dasth)	<b>→</b>	a	Su	ddon	· K	an	diac	d	leath			Minutes
			DUE TO	(OR AS A COH					1	1			10
Z	Sequentielly list condit	ions.	b. 190	vanced	Co	NON	ary	QY	Pery	+ dis	ews		10 years
CERTIFICATION	If any, leading to imme	diete	DUE TO	(OR AS A COH	SEOUENCE C	PF):	U		(	/			
ું	CAUSE (Disesse or Inju		c.	/OD 40 4 00M		N#3							
Ė	that initiated eventa regulting in death) LAS	T.	DOE 10	(OR AS A CONS	SECUENCE (	7F):							i
5			d										
	PART II. Other significe	ent condition	a contributing to	death but no	t resulting	In the u	nderlyin	g cause	given in			24b	WERE AUTOPSY FINDINGS
MEDICAL		abetes	mel	litus.	Cong	estine	h	eart	fril	HYE 1 YES	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	0	besitu	A		1				. (01)	T T TES	HO		OF DEATH?
_ "	C		70	4	21	011	4-1	0		_			1 PYES 2 NO
AN	25. WAS CASE REFERRED T	N TO MEDICAL	alti	N J	TID	rillo			DE ATM ADM				
ੁ	EXAMINER?	O WEDICAL	HOSPITAL:			OTHE	R:		_	ock only one)			
PHYSICIAM:	1 YES 2 NO		1 Inpatient 2		3 L DOA				ealdence	8 Other (Specify)	10 H 10 M		
		Pending		Day, Year)	200. IN	JURY	W	JURY AT ORK?	¬	28d. DESCRIBE HOW	INJURY OC	CUHED	
à	2 Accident	Investigation	200 81 405	OF IN HIPW A.	h	m.		YES 2 [	NO				
	3 Suicide 8 Homicide	Could not be determined	building	OF INJURY — At , etc. (Specify)	nome, term,	atraet, rec	tory, offic	ce		28f. LOCATION (Street City or Town, State)	end Numbe )	or or Hurel I	Route Number,
COMPLETED													
립		TIFYING PHYSI	CIAH: To the best of	f my knowledge,	death occur	red at the	time, date	e end place	a, and dua	to the cause(a) and ma	nner aa sti	rted.	
S	one) 2 MED	ICAL EXAMINE	R: On the basis of	examination end/	or investigat	lon, In my	opinion,	death occu	red at the	time, datu and place, as	nd due to t	the ceuse(e	e) end menner ee stated.
	295 SIGNATURE AND TITLE	OF CERTIFIES	A /		4	0		29c. LIC	EHSE HUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)
BE	Bruce TL Y	Mylin	of MO	Atte	ndina	Phys	TEIM	0	125	86 1	1	8/5	19)
٩	30. HAME AHD ADDRESS O	F PERSON WH	COMPLETED CAL	JSE OF DEATH (	TEM 27) (1/p		) with 1					1-	, ,
	Bruce	R.	Mc Cu	rdy	MD	1	311	Fran	cis	Are. B.	alto	MD	21227
ľ	31. DATE FILED (Month, Day,		32. DEGISTR	AR'S SIGHATUR	E			, ,,,,,					71. p. b. y
	AUG 7	1991	, ina	Davidson	Randelle	2							

permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It from 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 STATES QUA	O STATE OF MARYLA	AND / DEPARTM  CERTIFICA	ENT OF H ATE OF	EALTH AND M	MENTAL HYGIE REG. N		
AV 400-14	1. DECEDENT'S NAME (Fist, Middle, Last)	MARY MER	RCEDES RODI	BIÇUEZ	,	2. DATE OF DEATH		an 1. TIME OF DEATH
	219-58-7002 219-58-7012	5. SEX 6. AGE (III	In yrs. lest birthdey) IF U MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	126/07	LERTO RIC
HOL	9a. FACHLITY NAME (I not institution; give so  ST JOSEPH  RESIDENCE OF DECEDENT	HOSPITAL OSP	0/A/ 96.	TO U	USON	Towson	BA)	of DEATHBAltimore
DIRECTOR	Maryland B	altimore		altimo				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	arthiore	De		. ZIP CODE		10g. CITIZEN	1 ( YES 2XXNO
FUNERAL	6401 North Cha	rles Street	<u></u>		21212		US	Α
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	24₩0	13. WAS DECI	ect; ruban, Mexican Dispersion Specify: Puerto	, Puarto Rican, alc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos	N at of working		Business/INDUST	
CM	17. FATHER'S NAME (First, Middle, Last)		100	acher	16. MOTHER'S NAM	ME (First, Middle, Maid		п
BEC	Frank Rodrigue	z	2			fa Colon		
90	19a. INFORMANT'S NAME (Type/Print)  Sr. Bernice Feil:		6401 N.	Charle		t Baltimo	ore, Mar	yland 21212
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State of c	place and date of cemetary, crematory or of lla Maria		(Name	1	LOCATION — City	or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	rensel make				iuty litchell-	Wiedefe	
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Due To (on As A				0.00		Approximate interval Between Onset and Deatl
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Stranger	CONSEQUENCE OF):		DRon	19		
MEDICAL	PART II. Other algorificant condition	ne contributing to death be		ne underlying	g cause given in i	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (Che			
Y PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ		28d. DESCRIBE HD	W INJURY OCCUR	IED
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, stree	it, factory, offic	•	281. LOCATION (Str. City or Town, St	net and Number or i	Rural Route Number,
COMPLETED	one) -	SICIAN: To the best of my knowl IER: On the basis of examination						ause(a) and manner as stated.
B	296. SIONATURE AND TITLE OF CERTIFIE	intran	•		29c, LICENSE NUM "D3 1 8"	IBER 26	29d. DATE SI	SO-91
٩	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF DEA	MD S	n)	Toseph	Hosp.	BoH	imere. Md.
	31. DAT AT GMOND, Day, 1991	32 RECISITAR & SIGN	Ame delle					

## 80-no1

283944 110 0725/21 RODRIGUEZ, MERCEDE ... RALL M.D., GREGORY FS84 C49 EGL

TO BE COMP	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNEGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp

	1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		21405
į	1. DECEDENT'S NAME (First, Middle, Last)	Robins	(4)		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURATY NUMBER	5. SEX 6. AGE (II	n yrs. lest birthdey) IF UP	MOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	72	PLACE (State or Foreign
	90. FACILITY NAME (If not institution, give str	1 M 2 D F	YRS.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 240	8 1	A.
DIRECTOR	Deaton Hos	p, tal+m.	centural edical	Baltimo		9c. COUNTY OF DE	EATH
BEC	10e. STATE 10b. COUNTY			VN OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND  10e. STREET AND NUMBER		BAI	LTIMORE CIT		10g. CITIZEN OF W	1 XYES 2 NO
FUNERAL	5318 WABASH AV	ENUE		212		US	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico 1 YES 2 NO Specif	en, Puerto Ricen, etc.)	r No— 14, RACE Black Specifi	- American Indian, i, White, atc. by: Black
	15. DECEDENT'S EDUC (Specify only highest grade of		16e. DECEDENT'S USUA	L OCCUPATION one during most of working	18b. KIND OF BUSIN	IESS/INDUSTRY	Didok
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use retin	od.)			2
BE CO	17. FATNER'S NAME (First, Middle, Last) CHARLIE ROBIN	ISON		MARY	AME (First, Middle, Meiden St ROBINSON I	EDWARDS	3
2	199. INFORMANT'S NAME (Type/Print)  ARTIS MAE PETE	CRS		ABASH AVENU			21215
	20a. METNOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Remo		other place!	(Name of cametery, crametory or TAR CEMETER)		TIMORE	wn, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1	22. NAME AND ADDRESS OF FA	ICH ITY		
	Deroy	O. hly	ett	4600 LIBER	TY HEIGHTS	S AVENU	
		complications that could be List only one couse of as	I the death. Do not ea sch line.	ntar the mode of dying, aud	ch as cardiac or respira	tory srreat,	Approximate Interval Batwaen Onset and Daeth
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	Caroli	CONSEQUENCE OFI:	oratory	failu	re	Onset and Danti
z		Infec	eted.	delibit	us rela	21	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO OR AS A	CONSEQUENCE OF):			1	
CERTIFICATION		Corch	0011000	21.121 0	2000010	1 1 off	
F 1	CAUSE (Disease or Injury that initieted events	c. Cereb DUE TO (OR AS A	CONSEQUENCE OF):	eulai c	recede	ut	
E	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):	eulai c	rccede		
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	HOSPITAL:  1 Inpetient 2 ER/Outp  26e. OATE OF INJURY (Month, Dey. Year)	batient 3 DOA 4 DOA 4 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DOA 1 DO	26. PLACE OF DEATN (C) HER: Nursing Home 5 Gesidence 28c. INJURY AT WORK? 1 GYES 2 NO	PERFORM  1 YES 2 [  heck only one)  6 Other (Specify)	JURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending ph	2	9	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

91 21486 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Anita C. E. Ritz 1991 August 7. DATE OF BIRTH (Month, Day, Year) Feb. 7, 1915 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Md. 1 M 2 F 213-48-9243 76 YRS. 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 502 Woodbury Way Bel Air Harford RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Bel Air Harford Maryland 1 YES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE U.S.A. 502 Woodbury Way 21014 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxicen, Puerto Rican, atc.)
 I YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 7 yrs. none \_\_\_\_\_ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Heise P. F. Ritz Mary L. F. John BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 502 Woodbury Way, Bel Air, Md. 21014 John H. Ritz 20a. METHOD OF DISPOSITION
1. Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF OISEOSITION (Name of cemetery, cremetory or 8/7/91 citer place) St. Paul S Lutheran Church Cemetery 20c. LOCATION -- City or Town, State Violetsville, Md. 22. NAME AND ADDRESS OF FACILITY 21, SIGNATURE OF FUNERAL SERVICE LICENSEE E.F.Lassahn Funeral Home E. F. Lassahn 11750 Belair Rd.Kingsville, Md. 21087 23. PART I. Enter the disesses, or complications that caused the desth. Do not sntar the mode of dying, such as cardiac or respiratory street, shock, or heart fallure. List only one cause on each line Interval Batwe IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ resulting in death) Lyears MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 DO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c, INJURY AT WORK? 27. MANNER OF DEATH 28d. DEȘCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2/9 an 1120396 2

5601 Loch Raven Blvd.Balto.Md. 21239

32. REGISTRAR'S SIGNATURE Keindrus

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Suite 107

M.D.

Dr. Davis Hahn

532-3990

31. DATE FILED (Month, Day, Year) AUG 7 1991

33. REGISTRAR'S SIGNATURE

DIVISION

1. DECEDENT'S NAME (First, Middle, Last) Hattie Sc	chroer			2. DATE OF DEATH	* 1991 <sup>E</sup>	3. TIME OF DEATH
				8- 6-		0.15
0. SOCIAL SECURITY NUMBER 0.64-20-6014	1 □ M 2 💢 F		FUNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-5-18	C	IRTHPLACE (State or Foreign ountry) Sech.
a, FACILITY NAME (If not institution, give		91	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY C	OF DEATH
239 St. Helena	a Ave.		Dundalk		BA:	ltimore
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c. CITY, T	TOWN OR LOCATION			10d. INSIDE CITY
Md. BAlt	imore	St.H	Helena-Dunda	lk		LIMITS?
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
239 St. Helena	Ave.		21222		U.S.A	۸.
11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES  13. WAS DECEMDENT OF HISPAN If yes, specify Cuben, Maxica 1 ☐ YES 2 ☑ NO Specify		cen, Puerto Ricen, etc.)	PRIGIN? (Specify Yes or No.   14. RACE — American Indian,	
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US		16b. KIND OF BU	SINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	k done during most of working etired.)			
Unknown		Homem	aker	Ow	n Home	
17. FATHER'S NAME (First, Middle, Lest)	1			IAME (First, Middle, Malder	Sumame)	
Johann Schnie	aer			a Kepple		
19a. INFORMANT'S NAME (Type/Print)	1		ODRESS (Street and Number or Rura	-		
Mrs. Martha S			t. Helena A			
1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cometany cremetory or	other place)	1	Dall - Chy	
21. SIGNATURE OF MINERAL SERVICE LI		reen Mou	nt Cremator		Balto	o.,Ma.
110 10	Alt	100CFA	Bradley-As	hton Fune	ral Ho	ome, Inc.
Mound P	y lawy M	00550				undalk,Md.2
23. PART I. Enter the diseases, or shock, or heert failure.	complications that coused List only one cause on a		enter the mode of dying, so	ich aa cardiac or resp	olratory arrest,	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition	0.1	1 -				Onset and Death
resulting in death)	Demoly	A CONSEQUENCE OF):				
Sequentially list conditions,	DUE TO (OR AS /	A CONSEQUENCE OF):				<del>-  </del>
if any, leading to immediate cause. Enter UNDERLYING			rust deutsiti			
CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):	TOWN CHICKOTT			
	a Deme	rece				
reaulting in death) LAST				n Port I 240 WAS A	V AITTOREY T	24b. WERE AUTOPSY FINDINGS
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PART II. Other algorificant condition	ns contributing to death t	out not resulting in	the underlying cause given	PERFO	RMED?	AWAILABLE PRIOR TO
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PART II. Other algnificant condition	ns contributing to death t	out not resulting in		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition	Lucaniza 114		25. PLACE OF DEATH (	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificant condition	HOSPITAL: 1   Inpetient 2   ER/Out	petient 3 DOA 4	25. PLACE OF DEATH (	PERFC 1 YES  Check only one)  5  Other (Specify)	RMED? 2 ☑ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:	petient 3 □ DOA 4	25. PLACE OF DEATH (	PERFO 1 YES	RMED? 2 ☑ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   ER/Out; 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	petient 3 DOA 4	25. PLACE OF DEATH ( DTHER: Nursing Home 5 Tassidence OF 28c. INJURY AT WORK? M 1 YES 2 NO	PERFO 1 YES  Check only one)  5 Other (Specify)  28d. DESCRIBE HOW  251. LOCATION (Streen	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 4	25. PLACE OF DEATH ( DTHER: Nursing Home 5 Tassidence OF 28c. INJURY AT WORK? M 1 YES 2 NO	Check only one)  6 5 Other (Specify)  28d, DESCRIBE HOW	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER 1 CERTIFYING BANKING	HOSPITAL: 1   Inpetient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 4  29b. TIME 6 INJUR  Y — At home, farm, streetly)	25. PLACE OF DEATH ( DTHER: Nursing Home 5 Testdenco Try WORK? 1 YES 2 No eet, factory, office	Check only one)  5  Other (Specify)  28d. DESCRIBE HOW  251. LOCATION (Stree City or Town, State	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   ER/Out 28a. DATE OF INJUR (Month, Dey, Year) 28a. PLACE OF INJUR building, etc. (Spe	petient 3 DOA 4  29b. TIME ( INJUR  Y — At home, farm, atrocity)	25. PLACE OF DEATH ( DTHER: Nursing Home 5 Tassidence OF 28c. INJURY AT WORK? M 1 YES 2 NO	Check only one)  5 Other (Specify)  28d. DESCRIBE HOW  251. LOCATION (Stree-City or Town, State)	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO ED
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1   inpatient 2   ER/Out; 28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 4  29b. TIME ( INJUR  Y — At home, farm, atrocity)	25. PLACE OF DEATH ( DTHER: Nursing Home 5 Transidence DF 28c. INJURY AT WORK? M 1 YES 2 No eet, factory, office at the time, date and place, and d in my opinion, death occured at t	PERFO  1 YES  Check only one)  5 Other (Specify)  26d. DESCRIBE HOW  251. LOCATION (Street City or Town, State)  us to the cause(s) and make time, data and place, is	INJURY OCCURE  and Number or R  sinner as stated.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  North Number,  Pural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1   inpatient 2   ER/Out; 28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 4  29b. TIME ( INJUR  Y — At home, farm, atrocity)	25. PLACE OF DEATH ( DTHER: Nursing Home 5 Taseidence Per 28c. INJURY AT WORK? M 1 YES 2 No eet, factory, office et the time, date and place, and designed to the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set	PERFO  1 YES  Check only one)  5 Other (Specify)  26d. DESCRIBE HOW  251. LOCATION (Street City or Town, State)  us to the cause(s) and make time, data and place, is	INJURY OCCURE  and Number or R  sinner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH	
CARROLL		S	HORTE	R		2 9		
4. SOCIAL SECURITY NUMBER 219-52-5177	5. SEX 1 M 2  F	3. AGE (in yrs. lest birthday) 42 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 - 19	0	IRTHPLACE (State or Foreign	
9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY		
LIBERTY MEDIC	AL CENTE	R	BALTIM	ORE				
RESIDENCE OF DECEDENT								
106. STATE 10b. COUNT			TIMORE	TION			10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
100. STREET AND NUMBER 2004 W, NORTH	AVE.		10	21217			OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s		NIC ORIGIN? (Specify Yean, Puerto Rican, atc.) fy:		RACE — American Indian, Black, White, atc. Specify: B L A C K	
15. OECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BU	JSINESS/INDUST	RY	
(Specify only highest grade Elementary/Secondary (0-12) 12TH	College (1-4 or 5+)	(Give kind of ville). Do NOT us	work done during me se retired.) LOYED	est of working				
17. FATHER'S NAME (First, Middle, Last)				I se mottuepre nu	AME (First, Middle, Meider	Cumama)		
DELL SHORTE	R				NCE SHOR			
19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street		Route Number, City or To		(e)	
KELVIN CROMER					./BALTIM	ORE, N	MD 21217	
20a. METHOD OF OISPOSITION 1 \( \tilde{\Delta} \) Burlai 2 \( \tilde{\Delta} \) Cremation 3 \( \tilde{\Delta} \) Rem 4 \( \tilde{\Delta} \) Donetton 5 \( \tilde{\Delta} \) Other (Specify)	oval from State	QUECONSIAN ETAMATORY			DATE 20c. LI			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0		. MARCI		101 E.	NORTH AVE	
Sequentially list conditions	b. ACQUI	OR AS A CONSEQUENCE O	MUNUD	EFICIE	NEY SY	SYNDROME		
PART II. Other significent condition	d	leath but not resulting	in the underhile	o ceues alum in	Part i, 24a, WAS A	MAUTOREY	24b. WERE AUTOPSY FINDINGS	
Mx CRYPTO	_			100000		RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	LACE OF DEATH (C	8 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF I		AE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At home, farm, itc. (Specify)	atreet, factory, offi	00	28t. LOCATION (Stree City or Town, State	t end Number or F e)	Rural Route Number,	
Correct only		my knowledge, death occurr					ouse(e) and manner as stated,	
29b. SIGNATURE AND TITLE OF CERTIFIE	801	chy,	MD.	29c. LICENSE NU			GNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WI		E OF DEATH (ITEM 27) (Type	o, Print) Li	serty -	hediene	olli -	MD, 21213	
31. DATE FILED (Month, Day, Year)	32. REGISTRAP	'S SIGNATURE	W. G. O.	Thus	7 10	,	J. 7.73	
AUG 7 199		avidras Prodo	2					

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	HOSPITAL	FUNERAL	within 72
	TO THE	TO THE	be filed
20	1	2	7
	1	5	

	ARTHUR	st, Middle, Last,	)		CN	OWDE	NT.			2. DATE MONT	OF DEATN	DAY O	9 TEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In vrs	s. last birthday)			IF UNDER	24 MDC	0 1	OF BIRTH	0		5:55
			1X M 2 🗆 F		73 YRS.		DAYS	HOURS	MIN.	(Mont	h, Day, Ybar)	L8	Count	NPLACE (State of fry) NE ARUN]
ä	9a. FACILITY NAME (N not in 1229 W. LOI					96. CITY, TO BALT						9c. COU	NTY OF E	DEATN
5	RESIDENCE OF DE	CEDENT				PALL	LPIO	KE	CII	T				
DIRECTOR	MD.	10b. COUN	TY		10c. CI	TY, TOWN OR		LTI	10RE					10d. INSIDE CI LIMITS? 1 X YES 2
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TED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated eventa resulting in death) LAS  PART II. Other algnifice  25. WAS CASE REFERRED TO EXAMINER?  1 × YES 2 NO  27. 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MARYLAN	retained by the hos	5 should be detach	notified at once.
ALTIMORE,	death. Page 6 may b	s funeral director, pagi-	examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAN	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mus after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE H	TO THE FL be filed wi	IMPORTA

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	TMENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.	91	21490
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET		MNER			2. DATE (	OF DEATH	91 AR	3. TIME OF DEATH 1:45A M
	4. SOCIAL SECURITY NUMBER  029-12-2206  9a. FACILITY NAME (If not institution, give	1 □ M 2 💢 F 87	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE (Month,	DE BIRTH Day, Year) 3-04	s. BIRT Coun Ma	HPLACE (State or Foreign try) SSAChusetts
CTOR	Meridian Long Gr			Baltin	NOTE	EATH	90	N/A	DEATH
DIRECTOR	Maryland N/			town or Locat Baltimo:					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FUNERAL	309 Cedarcroft	Road		101	21212		10	g. CITIZEN OF USA	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	XXNO	If yes, sp	ENDENT OF HISPA Icity Cuban, Maxico NO Specia	an, Puarlo R	(Specify Yas or Nicen, etc.)	14. RAC Blac Spec	E — American Indian, k, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during mo retired.)	IN st of working	16b.	KIND OF BUSINES		
OM	17. FATHER'S NAME (First, Middle, Lest)		Home	maker	18. MOTHER'S NA	MF (First M		/A	
BEC	John Parsons I	Erwin				ry Pa		array	
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				
-	Jeanne S. Newman				Road B	7			
	t Burial XX Cremation 3 Rem 4 Donation 5 Other (Specify)	Gre	LACE AND DATE OF Bry, crematory or oth CENMOUNT	Cemete:	у	DATE		imore,	Maryland
	21. Skill Which Style Dennis Stepl	undenaku	9			tchel	l-Wiede		ome and 21212
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due TO (OR AS A CO	ONSEQUENCE OF)	:	or dying, suc	in es carur	ес от геориацо.	ry arrest,	Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significent condition  Walnututay	e contributing to deeth but	the underlying	ceuse given in		Part I. 24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)			
ŽŽ	1 TYES NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	ent 3 🗆 DOA	OFMER: Nursing Home	5 🗆 Raaldenca	8 🗆 Other	(Specify)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO		28d. DESC	RIBE HOW INJUR	Y OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	reet, factory, office			ION (Street and N. Town, State)	umber or Rural I	Route Number,
COMPLE		Dis. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place one)							) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WH	of Ulus			Dagg				(Month, Day, Year)
	Dr. Carl Sper	ling 5601 Loc	h Raven	Blvd. B	altimore	e, Mai	yland 2	21239	
	31. DATE FILEDANICHI CONTROL 199	32. REGISTIFA TOUR HOUSE	the Handala						

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Tours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIEN		1 21491		
	1. DECEDENT'S NAME (First, Middle, Last)  MAMIE SHAW					2. DATE OF DEATH	r q	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-20-1724  9e. FACILITY NAME (If not institution, give a	1 🗆 M 2 💢 F	62 YRS. MON		HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/23/1 ATH		BIRTHPLACE (State or Foreign Country) LTTISBUTE, PA OF DEATH		
TOR	LIBERTY MEDICA	L CENTER		Balt	imore (	City				
DIRECTOR	MARYLAND 10b. COUNT	Y			ore Cit	ty		10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
ERAL	100. STREET AND NUMBER 2821 W. North	Avenue		101.	ZIP CODE 2121	5		OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2NO	If yes, spec	NDENT OF HISPAN	IIC ORIGIN? (Specify Yan, Puerto Ricen, etc.)	a or No- 14.	RACE - American Indian, Black, Whita, atc. Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Callege (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work of life. Do NOT use ret HouseK	done during most ired.)	of working	166. KIND OF BU	iott H	TRY		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide				
TO BE	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural	Politic Pour For Ton	wn, State, Zip Coo			
	Theodore Shay  20g METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	20b.	PLACE OF DISPOSITIO other place)	Name of ceme	etery, crematory or		DCATION — City	or Yown, State		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE LOU	estern S	LEROY	O. DY	CILITY	N FUN	e, Maryland ERAL HOME NUE 21207		
	23. PARTT. Enter the disease, or shock, or heart silure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Presum A  Due To (or As A  Due To (or As A)	ch line.				piratory errest	, Approximete Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	CONSEQUENCE OF:	t phbi	ess su	rzert				
PHYSICIAN: MEDICAL CE	PART II. Other significant condition History of	me contributing to death but HyperTens.		he underlying	csuse given in	PERFO	. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O DF DEATH?  1 YES 2 5			
AN	25. WAS CASE REFERRED TO MEDICAL	T		26. PL/	CE OF DEATH (C)	neck only one)				
SIC	EXAMINER?  1 1 YES 2   NO	HOSPITAL: 1   inpatient 2   ER/Outpa		THER:		6 ☐ Other (Specify)				
	27. MANNER OF DEATH  1 Naturel 6 Pending investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WOF	IRY AT IK? ES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stree	me, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	anal and	SICIAN: To the best of my knowle						ause(a) and manner as stated.		
BE	296 SOCHATURE AND TITLE OF GENTLESS	A HO			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)		
2	2243 Mardiso									
	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIONA	Julia Davido	wa-Abrida	<b>18</b> 2					

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIF	CATE OF	DEATH	Н	REG. N	O.			
1	1. OECEDENT'S NAME (First, Middle, Last)  JOSEPH A. SEARS							DAY 5. 19	YEAR 91	2:45 A M	
н	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24	HRS. 7. E	ATE OF BIRTH Month, Day, Year)			ACE (State or Foreign	
	213-05-3071 1 □XM 2 □	F 81	YRS.	MONTHS DAYS	HOURS	MIN. MA	AY 23,	1910		LAND	
	9e. FACILITY NAME (If not institution, give street and number	)		9b. CITY, TOWN		9c. COUNTY OF DEATH					
O.	231 laverne avenue			BALTIMORE				BALTIMORE			
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c, CITY.	TOWN OR LOCA	ION				Ta	od, INSIDE CITY		
DIRECTOR	MARYLAND BALTIMO	RE		BALTI	MORE.					LIMITS?	
7	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZ		AT COUNTRY?	
ER	231 laverne avenue				21227	7			U.	S.A.	
BY FUNERAL	FORCES?	DENT EVER IN U.S. ARI 1 VES 2 N VE WAR OR DATES WW TT		If yes, s	ENDENT OF ecity Cuben, 2 NO	Mexicen, Pu	RIGIN? (Specify 'erto Ricen, etc.)	Yes or No—	14. RACE - Black, Specify:	- American Indian, White, etc. WHITE	
9	15. DECEDENT'S EDUCATION	16a, DE	CEDENT'S L	ISUAL OCCUPATI	ON		16b, KIND OF E	BUSINESS/INDI	USTRY		
Fi	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	l/fe	Do NOT use	ork done during m retired.)	ist of working						
MPL	8TH	SE	ELECT(	OR			SUPE	RMARKE'	T (A	& P)	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						First, Middle, Meid	en Sumame)			
BE	ORRIE SEARS						KNELL				
6	19e. INFORMANT'S NAME (Type/Print)  MADCADETE N. CEADC	198		ADDRESS (Street							
	MARGARET N. SEARS			LAVERNE OF DISPOSITION		JE, BAI		MD .			
	20a, METHOD OF DISPOSITION 1 Neuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	LOUDO		RK CEME	CERY		3/8	BALTIMO		n, Stete	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0 1		HUBBA	ND ADDRESS	S OF FACILITY  VERAT.	HOME I	VC.			
	M. TRaf Col	email							RE. M	D. 21229	
	23. PART i. Enter the diseases, or complications abook, or heart fellure. List only one IMMEDIATE CAUSE (Final disease or condition reaulting in death)	cause on each line	m	1 ,	CA			aprietory arro	out,	Approximate interval Between Onset and Death	
VIION	Sequentially list conditions, if any, leading to immediate  OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	E TO (OR AS A CONSEC	DUENCE OF	):							
빙	d								-	1	
	PART ii. Other aignificant conditions contributin		esulting l	n the underlyin	g cause gi	iven in Par	1 1. 24a. WAS PERF	AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS	
EDICAL	breast caneu						1 🗆 YES	2 NO		COMPLETION OF CAUSE OF DEATH?	
ME								-		1 YES 2 NO	
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL	4	- T	26. F	LACE OF DE	ATH (Check of	only one)			0	
ΥS		2 ER/Outpatient 3	_	4 - Nursing Ho		-	Other (Specify)				
ву Рн	1 Natural 5 Pending (Mod	TE OF INJURY nth, Day, Year)	28b. TIME	JRY W	JURY AT ORK? YES 2 [	Jon 1	d. DEŞCRIBE HO	W INJURY OCC	CURED		
ED	2 Accident investigation 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(e) end menner as stated.										
BE	296. SIGNATURE AND THE CONCENTIFIER	, m	B		29c. LICE	NSE NUMBER	87	29d. DAT	SIONED	(Month, Day, Year)	
2	DR. PAUL E. GORMLEY - S	CAUSE OF DEATH (ITE		-	00 S.	CATO	N AVE.	BALTIN	IORE -	MD, 21229	
	31. DATE FILED (Month, Day, Year) 32, REG	ISTRAR'S SIGNATURE					,				
	AUG 7 1991 Julia	Savidson Rs	nde 92								

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HIGHWAY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a contraction to the attending objection and completely the property of completely the property of the property of completely the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the proper	HYSICIAN: The law requires that the cleath certificate be executed within a formulation of properties of the hospital or attending physician.
10 THE FIGURE OF THE LINE CHILDREN CONTINUED IN THE STATE DEDITION OF THE MENTAL PHYSICIAN AND THE CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN CHILDREN	This control system is a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of
IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Mickle, Last)	STATE OF MARTLA	CERTIFIC	MENT OF HEALTI CATE OF DEA	TH	HEG. NO.	91 21493			
LULA SAMAS				2. DATE MONT	OF DEATH BAY	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 213-07-2591	5. SEX 6. AGE (III		IF UNDER 1 YEAR IF UND	ER 24 HRS. 7. DATE (Mont	OF BIRTH h, Day, Year) 15 1902	8. BIRTHPLACE (State or Foreign Country) Kentucky			
9a. FACILITY NAME (If not institution, give atm 6769 Graceland A			Db. CITY, TOWH OR LOCA		9c. COU	nty of DEATH			
10a. STATE 10b. COUNTY Maryland Balt	imore	10e. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
11. Marital status			101. ZIP CO	224	ı	JSA			
11. MARITAL STATUS  1 Never Merried 2 Merried  3 W Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO		ban, Mexican, Puarto	N7 (Specify Yes or No— Ricen, stc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White			
15, DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)  17, FATHER'S NAME (First, Middle, Last)		16t	Self -	DUSTRY					
17. FATHER'S NAME (First, Middle, Last) Thomas Newton Wi	lliams	Seamst	16. MC	other's NAME (First,	Middle, Maiden Surname)				
19a. INFORMANT'S NAME (Type/Print) Mrs. Carol Allen					nber, City or Town, State, Zip				
20a. METHOD OF DISPOSITION 1 2 Surial 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from State	other place!	TION (Name of cometery, co		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	City or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDI Walter Baltimo	Dabrowski re. Md. (	Funeral C	hapel lk Avenue) 2122			
23. PART I. Enter the diseasea, or or ahock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause on ea	Can	ces	lying, such aa car	diac or reapiratory an	Approximata Interval Betwee Onset and Deat			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Heart DUE TO (OR AS A	CONSEQUENCE OF:	le.			~/mo-			
resulting in death) LAST									
PART II. Other algorificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	contributing to death b	ut not resulting in	the underlying caus	e given in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	DEATH (Check only	AS .				
27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence (MOrther (Specify))  27. MANNER OF OEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 VES 2 NO								
	28e. PLACE OF INJURY building, etc. (Spec	— A1 home, farm, st	reet, factory, office	261. LO-C/n	CATION (Street and Number y or Town, State)	r or Rural Route Number,			
						dad			
CONSON ONLY	B: On the best of my know					he cause(a) and manner as stated.			

MI

32. REGISTRAR'S SIGNATURE Tulia Davidson

1991

DHMH-16 Rev 1/89

## 91 21493

Little Lean. .ES

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District Salaria Coll. No.

parent chartens (and the their chartens are the

TO THE FUNERAL DIRECTOR: A	4	\$ 3. TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be
be filed within 72 hours after d	-0	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

-	1. DECEDENT'S NAME (First, Middle, Lest)  LAURA  L. SA	UERS						DATE OF DEATH	AY 9	EAR 3.	7:10 A
	4, SOCIAL SECURITY NUMBER 220-09-3889	5. SEX 1 M 2 X F	8. AGE (In yrs. le	1	F UNDER 1 YEAR	HOURS M		ATE OF BIRTH Worth, Day, Year)		Course	yland
meolon.	9e. FACILITY NAME (If not institution, give at 14 DRAWBRIDGE RD RESIDENCE OF DECEDENT	F DEATH		9c. COUNTY	OF DEAT	) .					
	10a. STATE 10b. COUNTY	10		10c. CITY,	Berl				10g CITIZEI	1	LIMITS?  VES 2 1 NO
	. 1 .	bride				218	SPANIC O	RIGIN? (Specify Ye		USA BAGE -	American Indian.
5	1 Never Married 2 XMerried 3 Widowed 4 Divorced		MAR OR DATES	фю		ecify Cuben, M 3 2 <b>20</b> 00 S		erio Ricen, etc.)		0	White
2	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed) College (1-4 or 8						18b. KIND OF BU	naking	TRY	
	12th grade  17. FATHER'S NAME (First, Middle, Lest)  Earl D. Calliga	an		nouse	MIT C			First, Middle, Maide. Arnold	0		
	190. INFORMANT'S NAME (Type/Print)  Mr. Charles F.		1			end Number or F	ural Route	Number, City or To rawbrids			21811 Lin, Md.
	20a. METHOD OF DISPOSITION		20b. PLACI other (	E OF DISPOSI	TION (Name of ce	metery cremetor	r or	20c. L	OCATION — CIT	y or Town	, State
	1X Burdal 2 Cremation 3 Removal from State other places share out Women's 1 Danie Hanford County Md										
-	23. PART i. Enter the diseases, Dr	complications the	at caused the c	ieath. Do no	1175	0 Bela	ir R	d. Kin	gsville		1. 21087
		Complications the List only one con	at caused the c	ieath. Do no na.	1175 ct enter the mo	O Bela	ir R	d. King	gsville		Approximata interval Betw
HILLORINGIA	23. PART i. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	a. DUE TO	at caused the cuse on each lin	death. Do no no no no no no no no no no no no no	ca Ca	O Bela	ir R	d. King	gsville		Approximata interval Betw
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WAS A PERFC 1 VES  Other (Specify)  DESCRIBE HOW  City or Town, State  ne ceuse(e) end m , date and place,	IN AUTOPSY DRINED?  2 X NO  I INJURY OCCUPATION OF ANY NUMBER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	24b. 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TO THE MEETING PHYSICIAN: The law requires that the death certificate be executed within 2x yours after death. Page 6 may be retained by the host	TO THE FIRST DIFFERING AND MINIS CARDIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached as a second of the funeral director, page 5 should be detached and second of the funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral f	IMPORTANT WHEN 28 Is marked, or Nom 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
r be retained	age 5 shoul	be notified
Раде 6 тау	il director, pa	ner must I
r death.	le funera	exami
nours after	TO THE FIRST URE THE ALTO THIS CATIFICATE has been signed by the attending physician and completely filled in by the function to the completely filled in by the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of t	medicai
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五五五	出土	ORTAN
5	21	1

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	21 61490			
	1. DECEDENT'S NAME (First, Middle, Last)	-0.41 - 0		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	MAVIS A. T	ATLOR		8 4	91 315 P M			
	212069419 104281		UMDER 1 YEAR IF UNDER 24 HRS. ITHIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) 8 - 3	a. BIRTHPLACE (State or Foreign Country) JAMAICA			
70R	9a. FACILITY NAME (If not institution, give street and number)  BON SECOUR HOSPITAL  RESIDENCE OF DECEDENT		BALTIMORE, M	200	OUNTY OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY		TIMORE, CIT	Υ	10d. INSIDE CITY LIMITS? 1 [X] YES 2 \( \square\) NO			
FUNERAL	100. STREET AND NUMBER 1224 ROSSITER AVE.,	APT 3-D	101. ZIP CODE 21239	10g. (	JAMAICA			
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S., ARMED YES 2 (A) NO R OR DATES	13. WAS DECENDENT OF HISPA If yea, specify Cuben, Mexic 1 YES 2 X NO Speci		14. RACE — American Indian, Black, White, etc. Specify: JAMAICAN			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamantary/Secondary (0-12)  College (1-4 or 5 +)	Min Dr. MOT une re	done during most of working lired.)	16b. KIND OF BUSINESS/	INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)  JOSEPH TAYLOR			AME (First, Middle, Meiden Surnam A ESPUITE	0)			
TO BE	19a. INFORMANT'S NAME (Type/Print) RUDOLPH HALL	196. MAILING AD 4416 M	PARESS (Street and Number or Rural ARBLE HALL	ROAD/BALTIMO	DRE, MD 21239			
	20s. AETHOD OF CISPOSITION 1 Series 2 Commation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE OF DISPOSITION other place) DOVE COT	ON (Name of cemetery, crematory or		- City or Town, Stata ON, JAMAICA			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A lady Wan		WM.C.MARCH	ACILITY	. NORTH AVE.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. META STATIC BREAST CARCINOLY.							
NOI	Sequentially list conditions,  Due to (or as a consequence of):  Billateral pleural offusions  Due to (or as a consequence of):							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):							
B	d							
EDICAL	PART II. Other algorificant conditions contributing to d	he undarlying cause given is	1 Part I. 24a. WAS AN AUTOP PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AN: M	25. WAS CASE REFERRED TO MEDICAL				1 YES 2 NO			
S	EXAMINER? HOSPITAL:		28. PLACE OF DEATH (C THER: Nursing Home 5 - Residence					
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Dec.) 2 Accident Investigation	NJURY 285, TIME O	F 28c, INJURY AT	28d. OEŞCRIBE HOW INJURY	OCCURED			
	3 Suicide 6 Could not be determined 28e. PLACE OF building, e	26f. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,					
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  WISHER DO S. LEY	M.D.	29c. LICENSE NO.	JMBER 29d. ▶	DATE SIGNED (Month, Day, Year) 8 4 9			
	NISHA SOPRET :			d. Balt	014921216			
	31. DATE FILED MORTH COX. Year) 1991 32. HEGISTRAF	Javidson-Rands po						

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BALTIMORE, MARYLAND 21215-0020

8	Į	No.
DIVISION OF VITAL RE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has been

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AT CERTIFICATE OF DEATH	
	1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH 3. TIME OF DEATH
	Bobby Lee Taylor, Jr.	08 05 1991 8:30 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 II	DC 7 DATE OF BIRTH
	1 215 /8 6/13   28 THS.	JUNE 7, 1963  MARYLAND
-	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION (	
DIRECTOR	1644 E. Coldspring Lane Baltimore	City
E C	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	
ة	MARYLAND BALTIMORE	10d. INSIDE CITY LIMITS?
AL	10s. STREET AND NUMBER 101. ZIP CODE	1 X YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	1644 E. COLD SPRING LANE 21218	U.S. OF A.
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF H	ISPANIC ORIGIN? (Specify Yes or No.   14. RACE — American Indian.
ВУ	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, M 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 YES 2 NO S	exicen, Puerto Rican, etc.)  Black, White, etc.  Specify:  Specify:
		BLACK
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY
P	College (Ind of 5+)	DEGVGI TVG
OM	LABORER	RECYCLING S NAME (First, Middle, Maiden Surneme)
BE C	DODDY TOO OUT OF	IE B. HINTON
	19e. INFORMANT'S NAME (Time/Print)	
12	MRS. JANIE B. TAYLOR 1644 E. COLD SPRING	G LANE ABLTIMORE, MARYLAND
	20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION — City or Town, State BALTU.
	METRO CREMATORY 8/10/91	CATONSVILLE, MD. CO.
	21. SIGNATURE OF FUNETIAL SERVICE LICENSEE  22. NAME AND ADDRESS C	YNN FUNERAL HOME 21215-6393
	Levery ( Levery) 4517 PARK HI	EIGHRS AVE. BALTIMORE, MARYLAND
	23. PART i. Enter the diseases, or complications that object the deeth. Do not enter the mode of dying	such as cardiac or respiratory arrest,   Approximate
	iMMEDIATE CAUSE (Final	interval Between
	disease or condition and an arrangement of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	25
	DUE TO (OR AS A CONSEQUENCE OF):	
S	Sequentially list conditions,	
A	if any, leading to immediate cause. Enter UNDERLYING	
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
CERTIFICATION	resulting in death) LAST	
	d	
¥	PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given	
MEDIC		PERFORMED?  AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?
		1   YES 2   NO
A N		/
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:	(Check only one)
¥	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Resider	
	1 Netural 5 Pending FOUND FOUND WORK?	28d. DEŞCRIBE HOW INJURY OCCURED
ВУ	2 Pulate — 28e PLACE OF IN HIGH At home time at the state of	LSUDJECT Shot
	4) Homicide determined	281 LOCATION (Street and Number or Rural Route Number, City or Town, State)
E I	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of	11644 E. Coldspring Lane
COMPLETED	(Check only One)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end One)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at	due to the cause(s) and menner as stated.
	NO. SIGNATURE AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF PERFECTOR AND TITLE OF TITLE OF THE PERFECTOR AND TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITLE OF TITL	
BE	29c. LICENSE	NUMBER 29d, DATE SIGNED (Month, Day, Year)
2	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)	M.E. 08 06 1991
	MADE TO CALLE TO MAD	Doltimore Man 3 3 04001
	31. DATE FILED (Month, Day, Year) 32. #EGISTRAR'S SIGNATURE	Baltimore Maryland 21201
	AUG 7 1991 June Davidson-Randon	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	31 21491	
		Miriam Grace Topp			2. DATE OF DEATH DAY	SEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218–12–0151	1 □ M 2 □XF 7	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	NOV.2, 1919	a BIRTHPLACE (State or Foreign Country)  Delaware	
DH O		9a. FACILITY NAME (if not institution, give street and number)  Key Medical Center  Baltimore				TOUNTY OF DEATH	
DIRECTOR		Baltimore 10c. CITY, TOWN OR LOCATION TOWSON			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 8131 Kirkwall Cou	8131 Kirkwall Court			101. ZIP COOE 10g. CI		
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 X NO Speci			
COMPLETED	15, DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Homemaker	IAL OCCUPATION done during most of working tired.)	16b. KIND OF BUSINESS		
BE CON	17. FATHER'S NAME (First, Middle, La. Milton A. Gormley	etj		12,100,000,000,000,000	AME (First, Middle, Maiden Surnam a Deveney	6)	
2	Eileen A. Flecken:	stein		press (Street and Number or Rural Wall Court Baltin	Route Number, City or Town, State,		
	20a. METHOD OF DISPOSITION 1 G Burial 2 Cremation 3 C 4 Donation 8 Other (Specify)	Removal from Stata	IN DI ACE AND DATE OF		OATE 20c. LOCATION	I — City or Town, State  JM. Maryland	
	21. SIGNATURE OF FUNERAL SERVICE/LICENSEE  22. NAME AND ADDRESS OF FACILITY  Leonard J. Ruck Inc. 5305 Harford Road 21214						
CERTIFICATION	23. PART I. Enter the disease abook, or heart fail immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. PULMO OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF):			Approximate interval Between Onset and Death	
SA P	PART II. Other significant con	ditions contributing to death	but not resulting in t	he underlying cause given in	1 Part I. 24a. WAS AN AUTOP PERFORMED? 1   YES 2   NO	AVAILABLE PRIOR TO	
CIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C			
PHYSICIAN: MEDI	1   YES 2   MO  27. MANNER OF DEATH 1   Natural 8   Pending				8 Other (Specify)  28d. DESCRIBE HOW INJURY	OCCURED	
TED BY	2 Accident Investig 3 Suicide 8 Could n 4 Homicide detarmin	28e. PLACE OF INJUR	IY — At home, ferm, street,		281. LOCATION (Street and Nur City or Yown, State)	nber or Rural Route Number,	
COMPLETED	one) 2 MEDICAL EX	70		n my opinion, death occured at th	e time, data and place, and due t	stated. to the cause(a) and manner as stated.	
TO BE	30. NAME AND ADDRESS OF PERSO	Wigh	EATH (ITEM 27) (Type, Pri	AULIAN 29c. LICENSE NI	389 D	B/6/91	
	31. DATE FILED (Month, Day, Your) AUG 7 1991	(NA) C 32. REGISTRAR'S SIG Guha Davidson		5 Johns 1	top cins/6=	p Balt, MD	

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ISION OF VITAL H	ITTENDING PHYSICIAIL THE LIW IN	STOR: After this certificate has be after death with the State Dept.	28 is marked, or item 23 st
INISION OF VITAL H	OR ATTENDING PHYSICIAN, The law 19	MRECTOR: After this certificus has become suffer death with the State Dept.	em 28 is marked, or item 23 st
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING PHYSICIAN, The law 19	AL DIRECTOR: After this certificate has being hours after death with the State Dept.	If Item 28 is marked, or item 23 st
DIVISION OF VITAL H	SPITAL OR ATTENDING PHYSICIAN THE Law 19	NERAL DIRECTOR: After this certificate has been in 72 hours after death with the State Door.	NT: If Item 28 is marked, or Item 23 st
DIVISION OF VITAL H	HOSPITAL OR ATTENDING PHYSICIAN THE IN I	FUNERAL DIRECTOR: After this certification has been within 72 hours after death with the State Dept.	TTANT: If Item 28 is marked, or Item 23 st
DIVISION OF VITAL H	TO THE HOSPITAL OR ATTENDING PHYSICIAII The INVITATION CHITICIAE by executed within County after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been a stending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the Same Dec	IMPORTANT: If Item 28 is marked, or Item 23 showers injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAI		NT OF HEALTH AND	MENTAL HYGIEN	E	91 2149	
	1. DECEDENT'S NAME (First, Middle, Last) ELIZabeth Tambu.	rello		2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  220-38-6904 1 1 M 2 DF		IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year) 8 2 8	4 8.	BIRTHPLACE (State or Foreign County)	
TOR	90. FACILITY NAME (If not institution, give street and number)  Mercy Medical Center  RESIDENCE OF DECEDENT		altimore	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY		timore			10d, INSIDE CITY LIMITS?  XXYES 2 NO	
FUNERAL	3719 E. Pratt Street		10f. ZIP CODE 21224			OF WHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Merried 2 Merried FORCES? 1 STATE STATUS  3 1 Widowed 4 Divorced IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1  YES 2 NO Specify	an, Puerto Ricen, atc.)	or No 14.	RACE — American Indian, Black, White, atc. SpecifiWhite	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	Ille. Do NOT use retin	one during most of working ad.)	16b. KIND OF BUS	SINESS/INDUST	TRY	
ž I	17. FATHER'S NAME (First, Middle, Lest)	Homemake		HOME  AME (First, Middle, Meiden			
		osca	Anna	Conc			
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDR	RESS (Street and Number or Rural			de)	
2	Rose F. Meyers	3719 E.	Pratt Stre	et Balto.	Md.	21224	
	20 METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION	(Name of cometery, cremetory or alley Mem.	20c. LO	CATION - City	or Town, State	
	21. BIGNATURE OF FUNERAL SERVICE LICENSES		22. NAME AND ADDRESS OF F	ACILITY .	ockey	sville, MD.	
- 4	* land The	1//	Joseph N.	Zannino J	r. Fu	neral Home	
-	23. PAST I. Enter the diseases or complications that co	used the beats Do not a	263 S. Conk	ling St.	Balto	Md. 21224	
	shock, or heart willing. List only one cause	on each line.	ner the mode of dying, su	on as cardiec or raspi	ratory arrest	Approximate Interval Between Onset end Death	
		estive He	eart Failu	re		2 weeks	
N	Sequentially list conditions,    Due to (or as a consequence of):    Sequentially list conditions,   Due to (or as a consequence of):    Due to (or as a consequence of):    Due to (or as a consequence of):    Due to (or as a consequence of):						
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that leithed events of consequence of):  DUE TO (OR AS A CONSEQUENCE OF):  PLU MONIA  DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION			pascular Accidents			Years	
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to de				MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: ME				_		1 TYES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)			
Sic	EXAMINER?  1 YES 2 NO 1 Inpetient 2 E		HER: Nursing Home 5 - Residence	8 Other (Specify)			
F	27. MANNER OF DEATH  28e. DATE OF IN. (Month, Day.	IURY 28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	DED	
BY	2 Accident Investigation	1	1 YES 2 NO				
	3 Suicide 8 Could not be determined 208. PLACE OF IF building, atc	tJURY — At home, farm, street, . (Specify)	factory, office	281. LOCATION (Street I City or Town, State)	and Number or	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the beat of my one) 2 MEDICAL EXAMINER: On the beats of exam					ause(a) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)	
0	Dusan K-Shiha MiD		Inter	n	> 8	4/91	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUSCINED SUS						
	31. DATE FILED (Month, Day, Year) AUG 7 1991 32. REGISTRAR'S	Ey Medica Signature Davidson-Randage					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer and within 72 hours after death with the State Deut, of Health and Mental Hodiene prior to burial, cremation, or removal.	
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OR ATTE	DIRECTOF	item 28
HOSPITAL	FUNERAL WITHIN 72	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE CH	TO THE	IMPOR

		CERTIFIC	ATE OF DEA	III	REG. NO.		
BABY BOY	0	WATKINS			DATE OF DEATH	§ 19§	3. TIME OF DEATH 1:18 p.m
I. SOCIAL SECURITY NUMBER  Newborn	5. SEX 8. AGE (In	r yrs. last birthday)	FUNDER 1 YEAR IF UNDER	R 24 HRS. 7. E	DATE OF BIRTH Month, Day, Year) 7/27/91	8. B	BIRTHPLACE (State or Foreign Journal)  Marvland
THE JOHNS HOP		96	BALTIMORE		1,21,51	9c. COUNTY	
RESIDENCE OF DECEDENT 106. STATE 106. COUN	vrv na	10c. CITY, T	OWN OR LOCATION 21202				10d. INSIDE CITY
0e. STREET AND NUMBER	tral Avenue		10f. ZIP COD 2 1 2				1 ⅔ YES 2 ☐ NO OF WHAT COUNTRY?
11. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT Of yes, specify Cubic	OF HISPANIC O		or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of worki	ing	16b. KIND OF BU	SINESS/INDUST	RY
7. FATHER'S NAME (First, Middle, Last) Thomas		···			First, Middle, Meiden Watkins	Sumame)	
Melinda Wat  On METHOD OF DISPOSITION  Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Descr	in state	PLACE AND DATE O emetary, crematory orde , Dir	Central A: F DISPOSITION (Name other place)  22. NAME AND ADDRE	ESS OF FACILIT	DATE 20c. LO  YState A	cation — chy	or Town, Stata Board
IMMEDIATE CAUSE (Fine)	e. List only one cause on ea	on min.					
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	- Dubru	CONSEQUENCE OF):	Insul Hypor	Preven	ney .		
Sequentielly list conditions,	DUE TO (OR AS A C. Persis	oner	Petal C	plasi	ation		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. Pubru DUE TO (OR AS A c. Persis DUE TO (OR AS A d. Penal long contributing to death bu	consequence of:	Fetal C genesis	graul	ation	RMED?	Onset and E  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  c. Persis  DUE TO (OR AS A  d. Alenal  done contributing to death but	consequence of:	Fetal C Senes: S the underlying cause	given in Part	24a. WAS AN PERFOI 1 VES 2	RMED?	Onset and D  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	DUE TO (OR AS A  C. 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PLACE OF  OTHER:  Nursing Home 5   F  OTHER: WORK?  M   1   YES   2	given in Part	24a. 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Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   NO  27. MANNER OF DEATH  1   Natural   5   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pending investigations   Pen	DUE TO (OR AS A  C. DUE TO (OR AS A  d. Cenal  HOSPITAL: 1   Fingstent 2   ER/Output  28a. DATE OF INJURY (Month, Day, Year)  De 28a. DATE OF INJURY UMONTH, Day, Year)  28a. PLACE OF INJURY UMONTH, Day, Year)  YSICIAN: To the best of my knowle	consequence of:  consequence of:  consequence of:  ut not resulting in  stient 3 DOA 4  28b. Time of inJury  At home, ferm, streeting, death occurred	Tetal C  Serves is  Serves is  28. PLACE OF  OTHER:  Nursing Home 5   F  OF  WORK?  M   1   YES   2  Set, factory, office  at the time, data and place	given in Part	24a. WAS AN PERFOI  1 VES 2  Only one)  Other (Specify)  4. DESCRIBE HOW  City or Rown, State, the cause(s) and ma	INJURY OCCURI	1 ☐ YES 2 NO  ED  Rural Route Number,
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death and initiated events resulting in death and initiated events resulting in death and initiated events resulting in death and initiated events resulting in death and initiated events resulting in death and initiated events resulting in death and initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the i	DUE TO (OR AS A  C. DUE TO (OR AS A  d. Cenal  HOSPITAL: 1   Fingstent 2   ER/Output  28a. DATE OF INJURY (Month, Day, Year)  De 28a. DATE OF INJURY UMONTH, Day, Year)  28a. PLACE OF INJURY UMONTH, Day, Year)  YSICIAN: To the best of my knowle	consequence of:  consequence of:  consequence of:  ut not resulting in  stient 3 DOA 4  28b. Time of inJury  At home, ferm, streeting, death occurred	Tetal C  Serves: S  the underlying cause  26. PLACE OF  OTHER:  Nursing Home 5   F  OF 28c. INJURY AT  WORK?  M   YES 2  set, factory, office  at the time, data and place in my opinion, death occur	given in Part	Al. 24a, WAS AN PERFOI 1 VES 2  Other (Specify)  DESCRIBE HOW City or Rown, State, the cause(s) and main, date and place, as	INJURY OCCURI	Onset and D  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da  2 da

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Thours after death. Page 6 may be retr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	be filed within 72 hours after death with the State Dept. of Health and Mentai Hygiene prior to bunal, cremation, or removal.	IMPORTANT: II liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not

	- REGISTRAR CERTIFICATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH				
	John H. White	MONTH DAY	0.1	3.20am				
	4. SOCIAL SECURITY NUMBER  5. SEX  1 MM 2 F  1 MM 2 F  1 MM 2 F  1 MM 2 F  1 MM 2 F  1 MM 2 F  1 MM 2 F  1 MM 2 F  1 MM 3 MM  1 MM 3 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1 MM  1	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign				
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF					
TOR	Baltimore County General Hospital Baltimore County Baltimore							
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JAL (	106. STREET AND NUMBER	1	10g. CITIZEN OF	WHAT COUNTRY?				
J.N.E.	11. MARITAL STATUS 12. WAS DECEDENT EVENTIN U.S. ARMED 13. WAS DECEMBENT OF HISPAN	IC ORIGIN? (Specify Yea	or No.— 14. RA	S + H /				
BY FL	1 Never Merried 2 Merried   FORCES? 1 YES 2 NO   If yes, specify Quban, Mexica   1 YES, give war of DAIES   1 YES 2 NO   Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO Specify Quban, Mexica   1 YES 2 NO	n, Puarto Rican, etc.)	Bia Spo	ck, White, etc.				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b, KIND OF BUS	SINESS/INDUSTRY	oracc				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Apmen	Canpil	the usen				
COM	17. FATHER'S NAME (First, Migdio, Last)	ME (First, Middle, Maiden	Surname)	1 change				
BE	19a. INFORMANT'S NAME (Typo/Print). "  19b. MAILING ADDRESS (Street and Number or Rural)	Boute Number City or Town	State 7 in Corte					
10	Little Briscoe 10701 Alterst.	BATimor	re m	d 21201				
1	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	DATE 200 LOG	CATION — City or	Town, State				
	21. SIGNATURE OF FUE RAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA	CILITY	of Fre	Cal Hans				
	· Hortia Ebron	4300 4	Ochast	are !				
	23. PART i. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, suc ahock, or heart failure. List only one ceuse on each line.	h as cerdlec or respi	ratory arrest,	Approximete interval Between				
	immediate Cause (Final disease or condition resulting in death)  a. Endstage Chronic Obstructive Lung  Due TO (OR AS A CONSEQUENCE OF):  Onset and Death							
	DUE TO (OR AS A CONSEQUENCE OF):							
TION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):							
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury							
CERTIFICATION	that initiated events resulting in death) LAST  4 Hrial Fibrilation							
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in	Part I. 24a. WAS AN		46. WERE AUTOPSY FINDINGS				
EDICAL		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ		- 7		1 TES 2 TO				
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C/	heck only one)						
SICI	EXAMINER?  1 YES 2 NO  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 No SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SPITAL:  1 NO SP							
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED					
ВУ	1 Natural 5 Pending 2 Accident Investigation 280 PLACE OF INITION At home from store depth (rector) of the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the control for the con	201 LOCATION (Street	and Mumber or Chin	of Courts Murphan				
TED	3 Suicide 8 Could not be 4 Homicide detarmined 28.e. PLACE OF INJURY — Al home, farm, street, factory, offica 28.e. LOCATION (Street and Number or Rural Route Number, City or Yourn, Stele)							
COMPLETED	29e. CERTIFIER (Check only one)							
CO	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurs at the							
BE	Terren Elder my House officer P386		D 08	O7 CM				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1-1-3	0 0 1	0 11-01				
	Kerren Cler int 3630 Pasking L Blatimore	MP 21	207					
	31. DATE FILED (Month, Day and G							